



Reports Manual

Version 1.0

June 1, 2012

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Overview

Overview

Integrated System (IS) and Internet Reports are used to reconcile claims submitted for specialty mental health services provided to Medi-Cal beneficiaries. This guide will serve as a tour of the commonly used reports to facilitate the reconciliation process.

There are two types of reports: IS and Internet Reports. IS Reports are found directly on the IS while the Internet Reports are located outside of the IS.

How to Log-on to the Integrated System

How to Log-on to the Integrated System

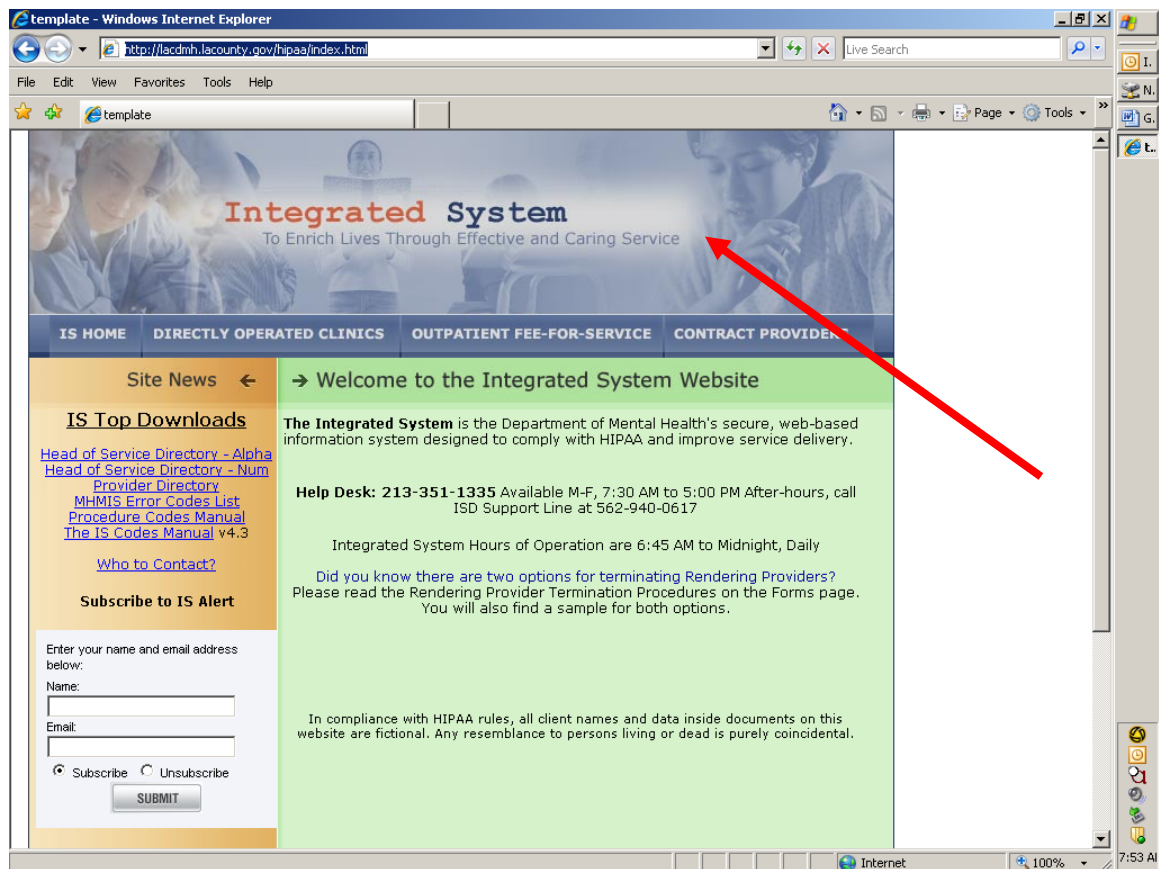
Integrated System (IS)

Log-on Procedures for RSA SecurID card Users

Internet Address:

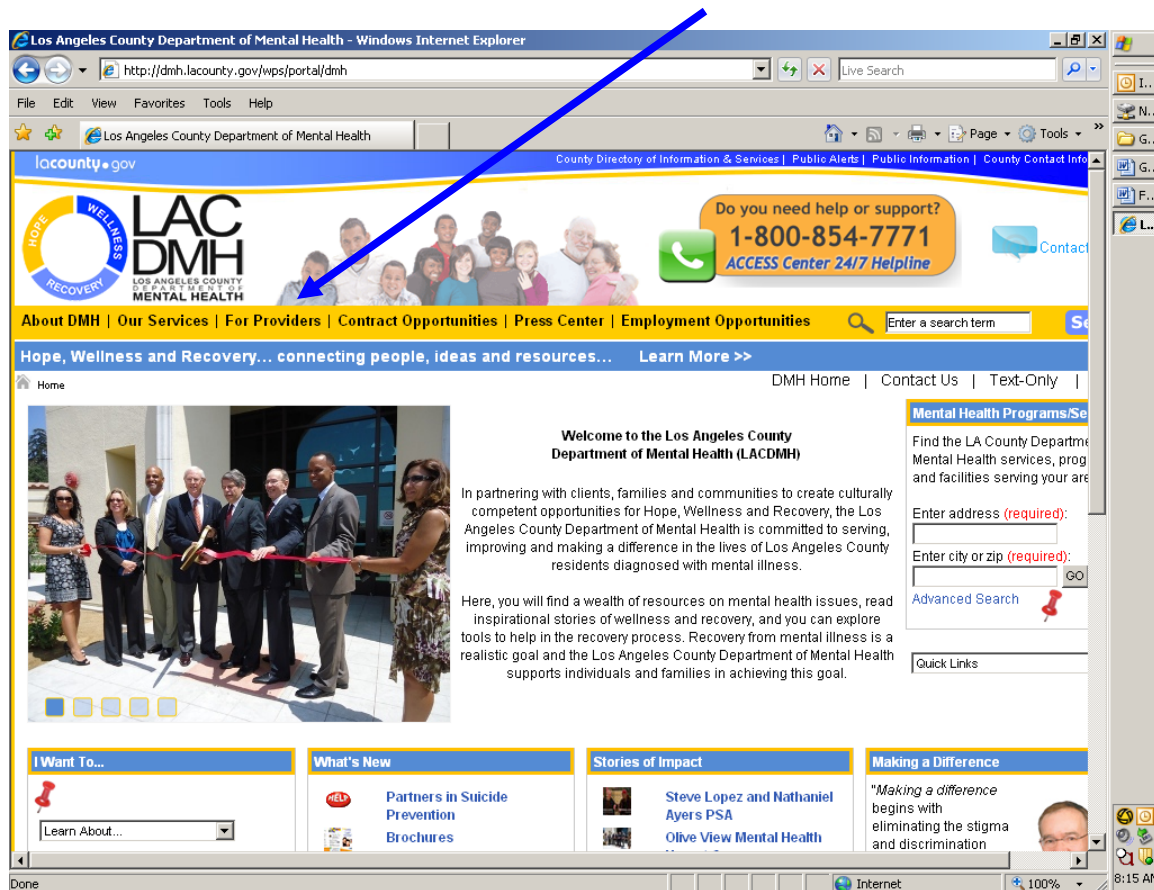
The direct route to the Integrated System is via the following website:

<http://lacdmh.lacounty.gov/hipaa/index.html>



Click in the area that says Integrated System.

Another way to access the Integrated System is via the DMH Home page.

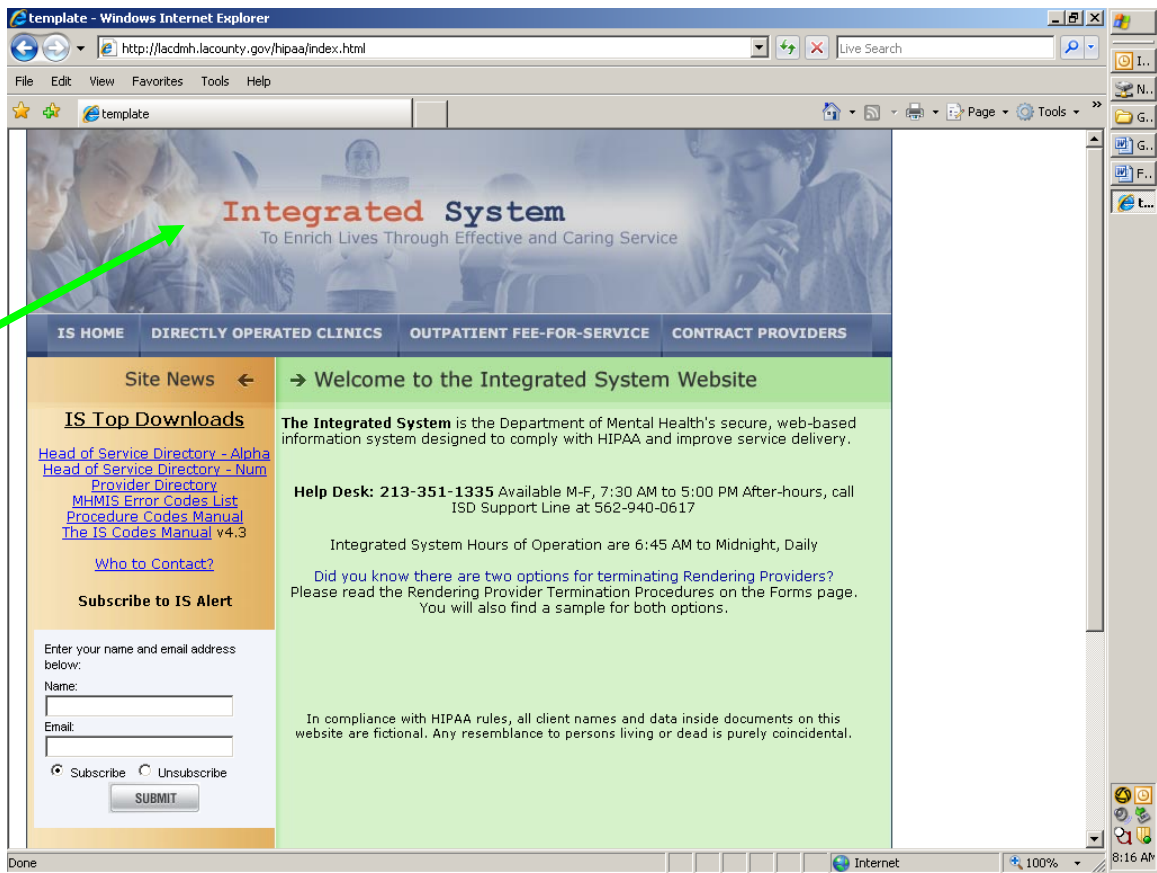


Highlight the “For Providers” link.

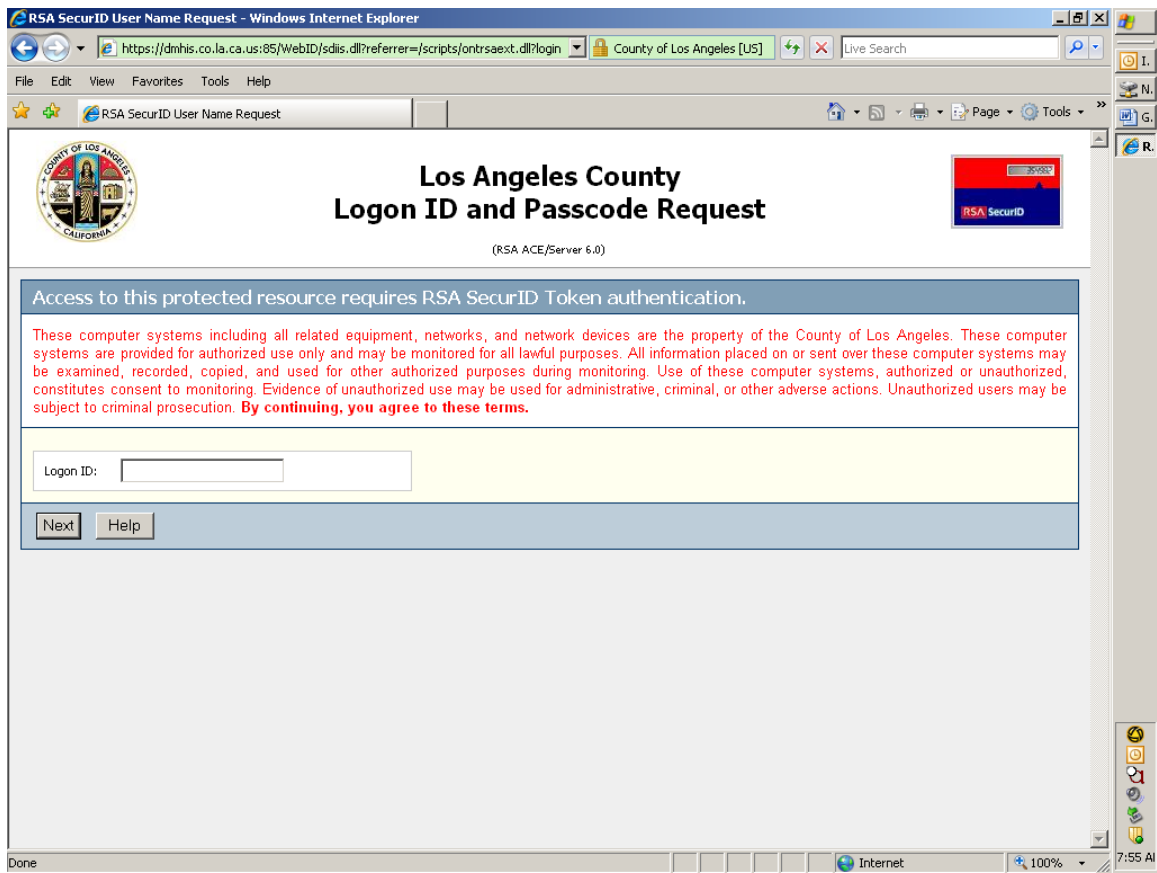


Select the “Integrated System” link from the Administrative Tools menu.

The following screen will appear.



Click in the section that says “Integrated System. The following screen will appear.



Log-on ID:

This will be the Provider's "C" number. Log-in will consist of a "C" and six-digits.
(Example: C#####)

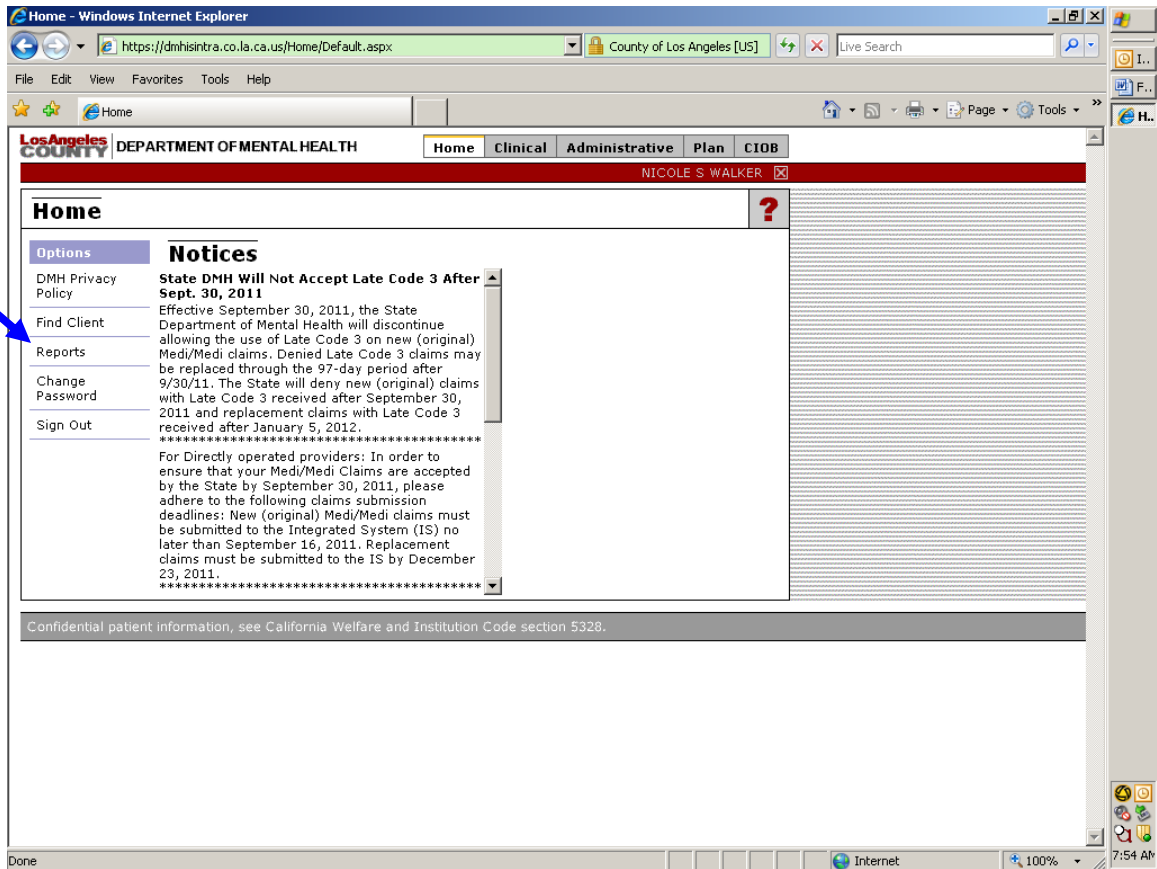
Passcode:

Your Passcode consists of your PIN followed by the displayed token code. This unique code plus the user's PIN is the one-time Passcode that is required for system entry.

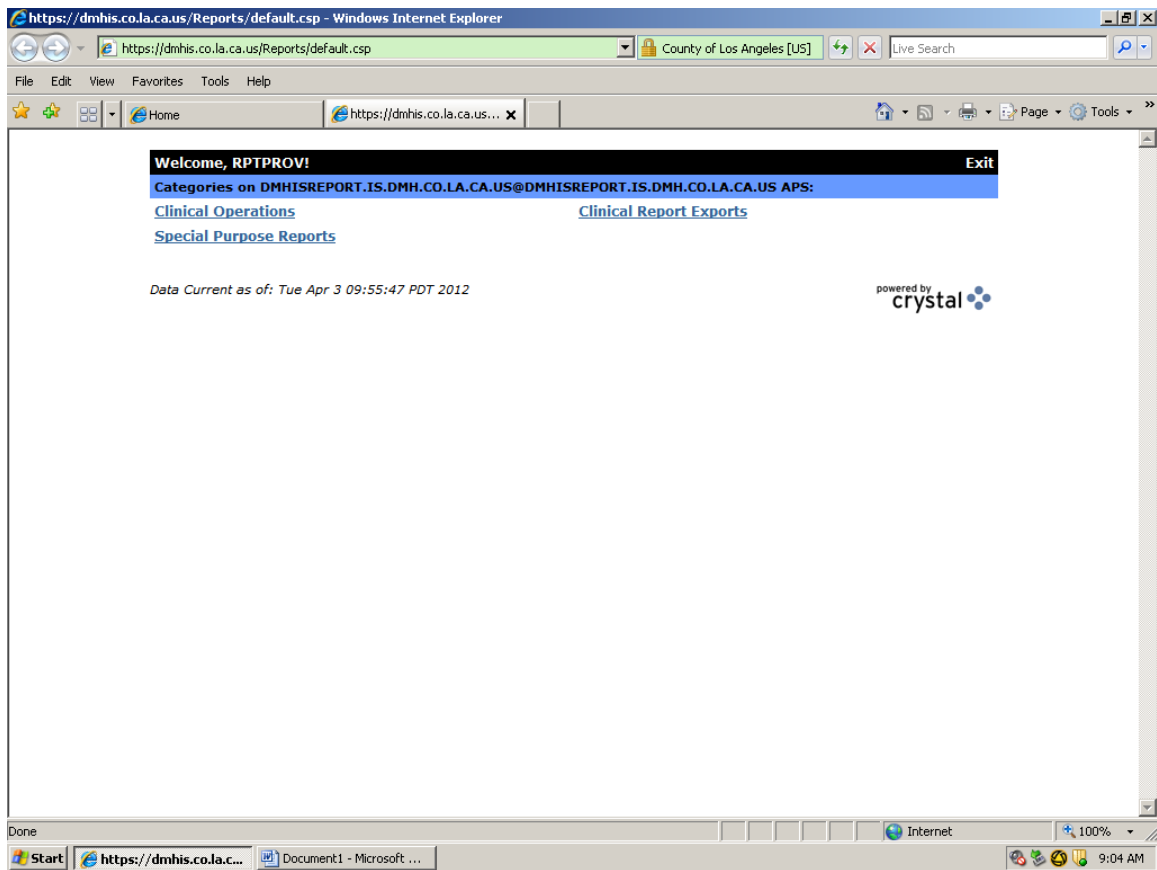
After the initial log-in, the passcode will be: the PIN + the numbers on the SecurID card.
(Example: PIN = ##### + SecurID Card number = 234567; passcode = #####234567)

If you have any questions regarding the log-on process, please call the DMH Help Desk at (213) 351-1335.

Once you have logged in, the following screen will appear.



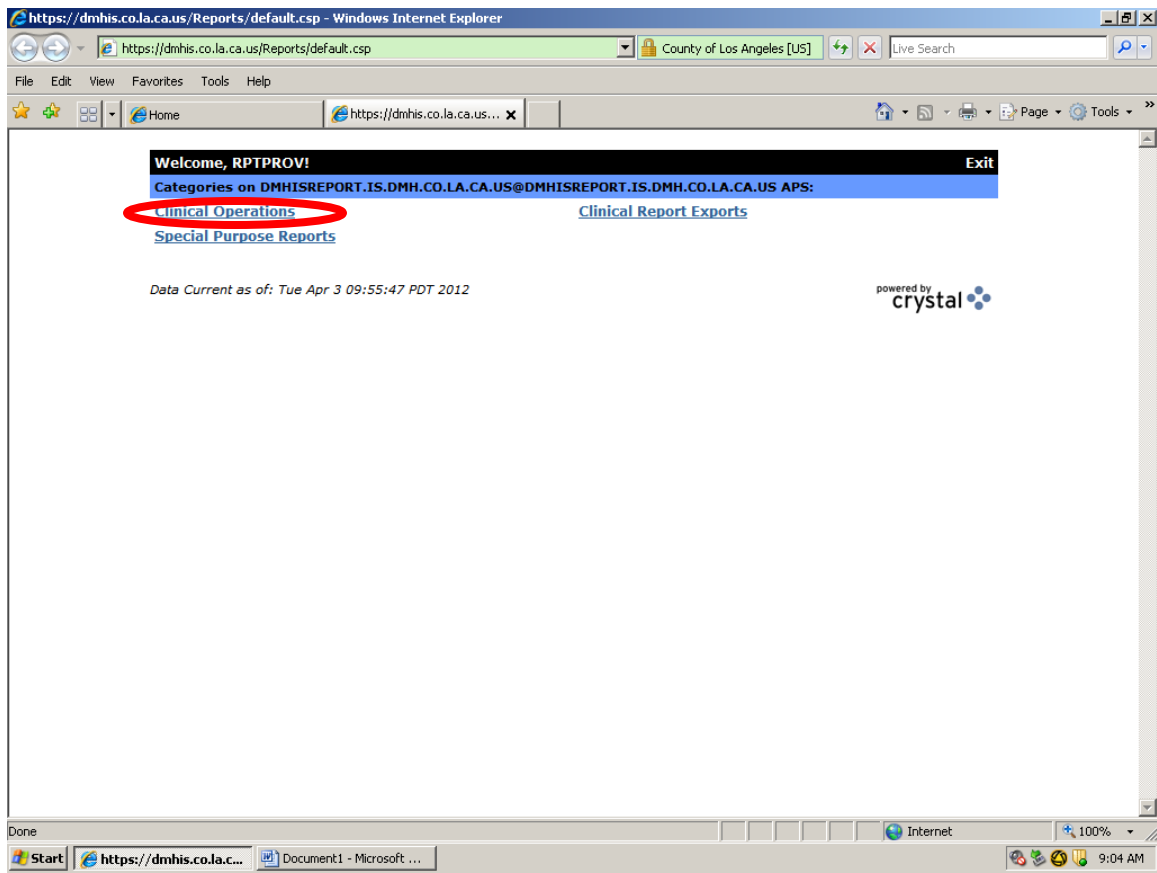
To get started with the reports, click on the Reports link.



Providers/Billers have access to two different types of reports: Clinical Operations and Clinical Report Exports.

Clinical Operations reports are classified as status or reconciliation reports that can be formatted to a PDF file.

Clinical Report Exports are also reconciliation reports, but they have the availability of being exported to a Microsoft Excel spreadsheet for easier manipulation.



The most commonly used Clinical Operations reports are:

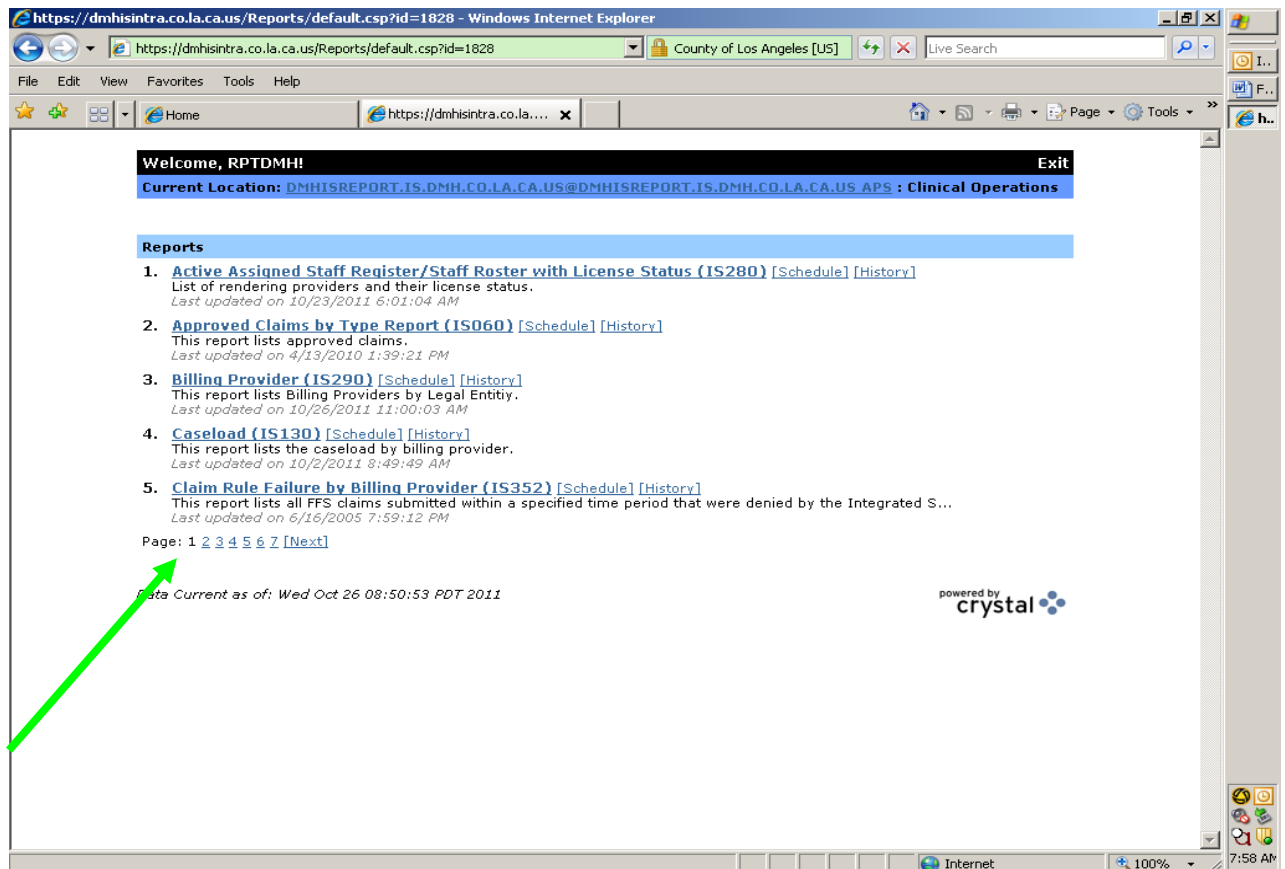
IS280 – Active Assigned Staff Register/Staff Roster with License Status

IS010 – Claim Status Detail Report

IS704 – FFS2 Claim Status Detail Report

IS702 – Payer Denied Claims

Clinical Operations Reports



The IS280 can be found on page 1. This report lists rendering providers and their license status.

When reading this report you will be able to determine when you need to re-credential with DMH and/or renew your medical and DEA licenses. For group providers, this will provide licensure information for your rendering providers.

This report is not available for organizational providers.

https://dmhisintra.co.la.ca.us/Reports/default.csp?id=1828 - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/default.csp?id=1828 County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Home https://dmhisintra.co.la.... x Page Tools

Welcome, RPTDMH! Exit

Current Location: DMHISREPORT.IS.DMH.CO.LA.CA.US@DMHISREPORT.IS.DMH.CO.LA.CA.US_APS : Clinical Operations

Reports

1. **Active Assigned Staff Register/Staff Roster with License Status (IS280)** [Schedule] [History]
List of rendering providers and their license status.
Last updated on 10/23/2011 6:01:04 AM
2. **Approved Claims by Type Report (IS060)** [Schedule] [History]
This report lists approved claims.
Last updated on 4/13/2010 1:39:21 PM
3. **Billing Provider (IS290)** [Schedule] [History]
This report lists Billing Providers by Legal Entity.
Last updated on 10/26/2011 11:00:03 AM
4. **Caseload (IS130)** [Schedule] [History]
This report lists the caseload by billing provider.
Last updated on 10/2/2011 8:49:49 AM
5. **Claim Rule Failure by Billing Provider (IS352)** [Schedule] [History]
This report lists all FFS claims submitted within a specified time period that were denied by the Integrated S...
Last updated on 6/16/2005 7:59:12 PM

Page: 1 2 3 4 5 6 7 [Next]

Data Current as of: Wed Oct 26 08:50:53 PDT 2011

powered by crystal

javascript:ShowReport("770770", "CrystalEnterprise.Report"); Internet 100% 8:02 AM

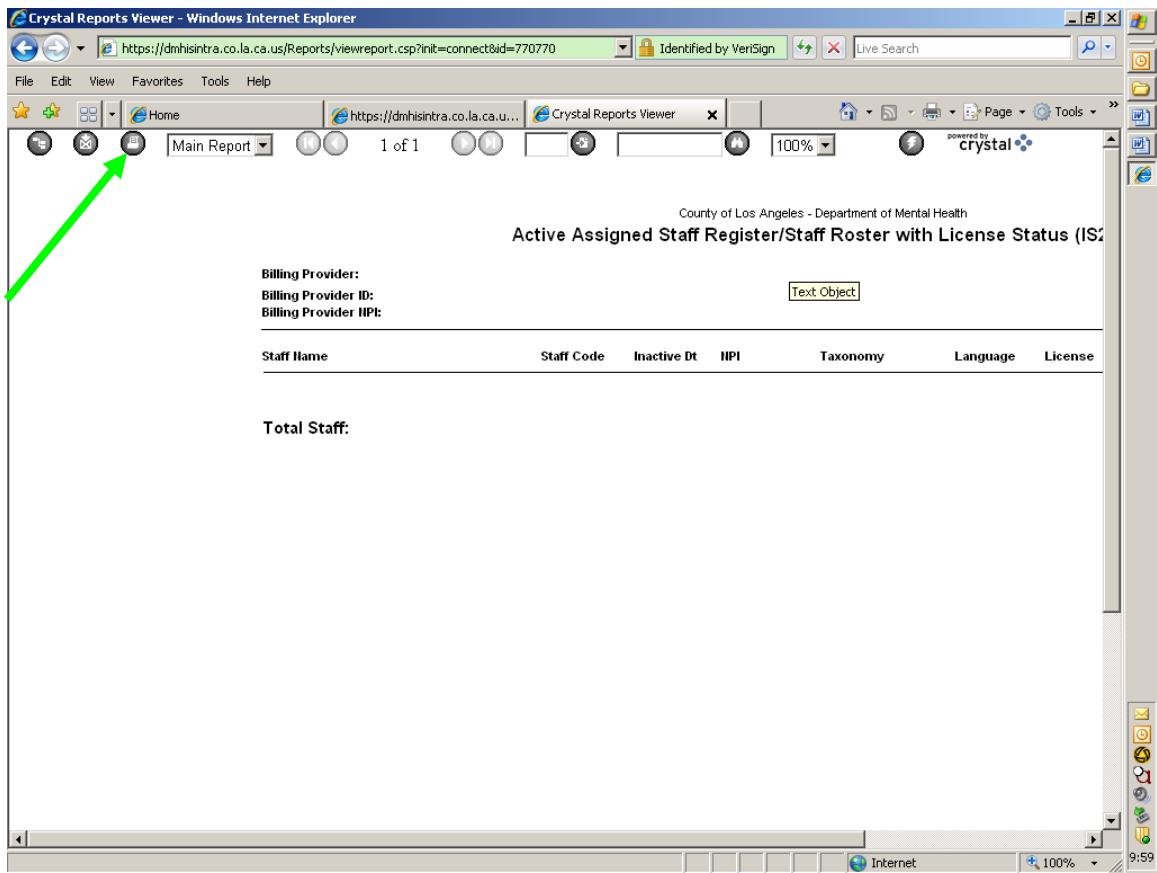
Click on the link to access the Report Parameter Form.

IS 280

The screenshot shows a Windows Internet Explorer browser window. The title bar reads "Report Parameters - Windows Internet Explorer". The address bar shows the URL "https://dmhisintra.co.la.ca.us/Reports/setparams.csp?init=connect&id=770770". The browser is identified by VeriSign. The page content features a blue header with the text "Report Parameter Form". Below the header is a form with a label "BillingProviderID" and a dropdown menu. A "Show Report" button is located below the dropdown menu. The browser's status bar at the bottom shows "Done", "Internet", and "100%". The system clock in the bottom right corner shows "8:02 AM".

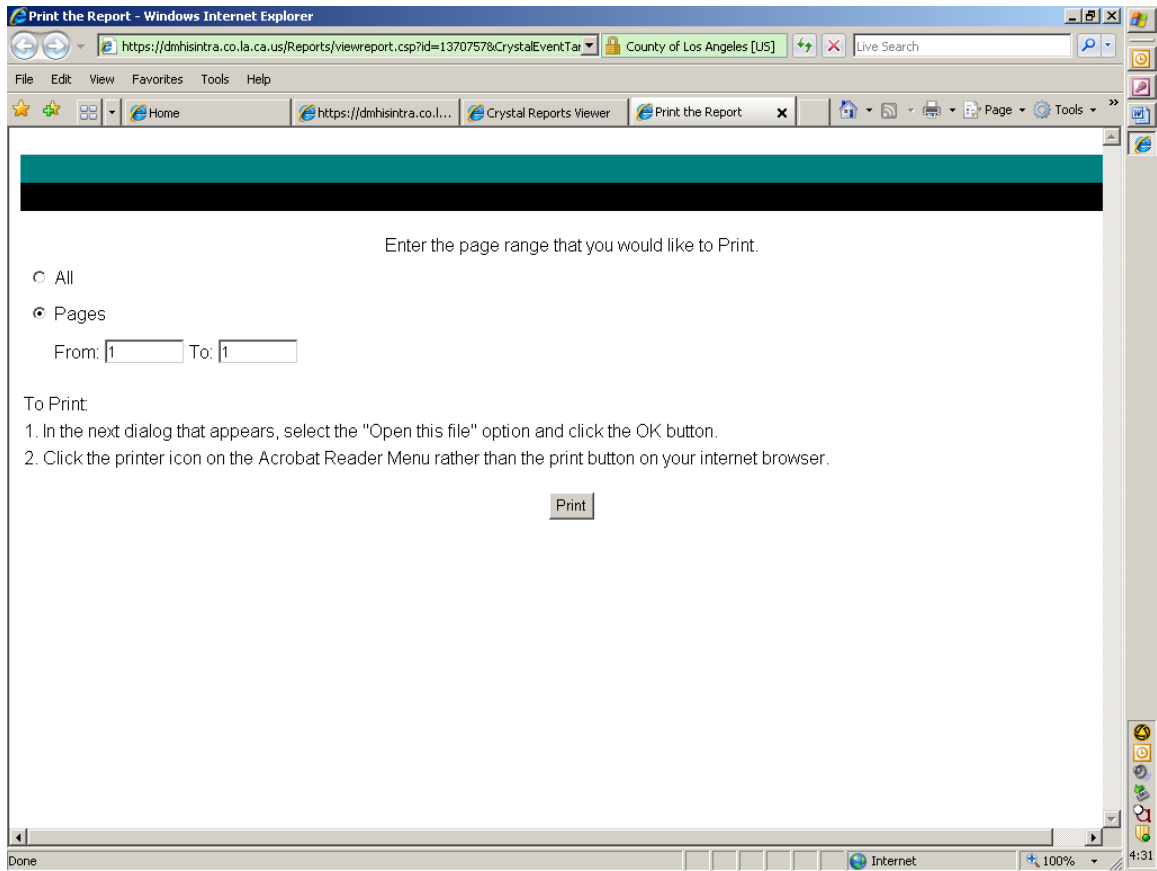
For providers/billers, this pull down menu will have the providers associated to your designated SecurID card.

Select the provider of your choice, then click “Show Report.”

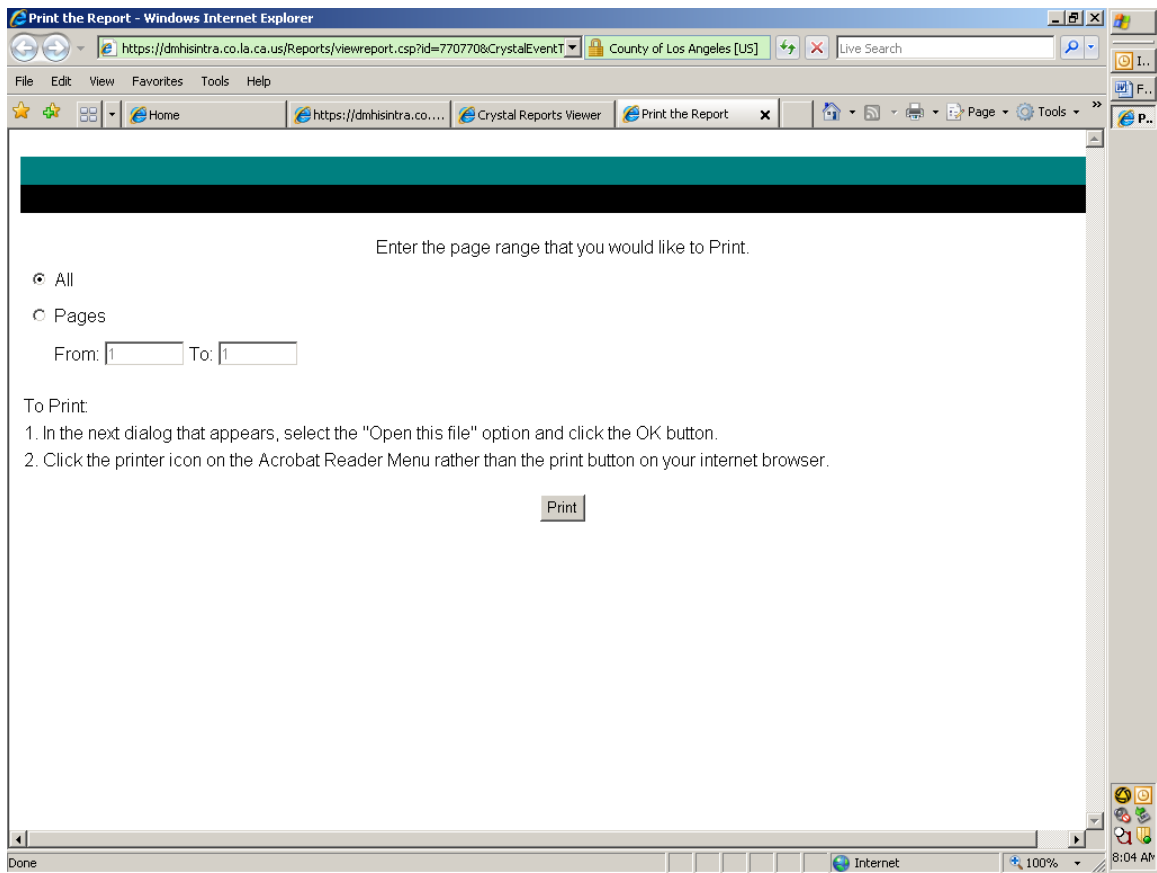


This is how the report is initially displayed.

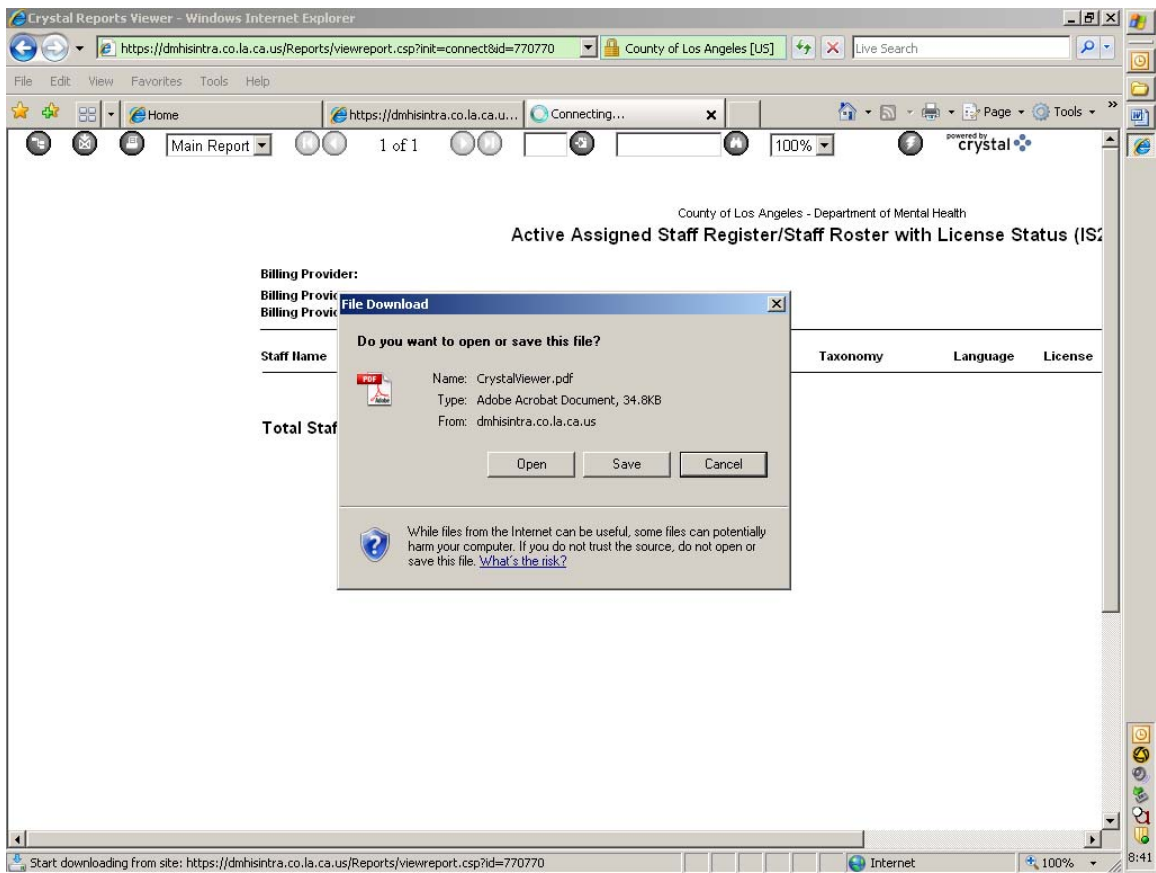
To view the report in PDF format, click the icon that resembles a printer.



The page is defaulted with the button in the “Pages” location. This allows you to select particular pages at a time instead of viewing the whole report.

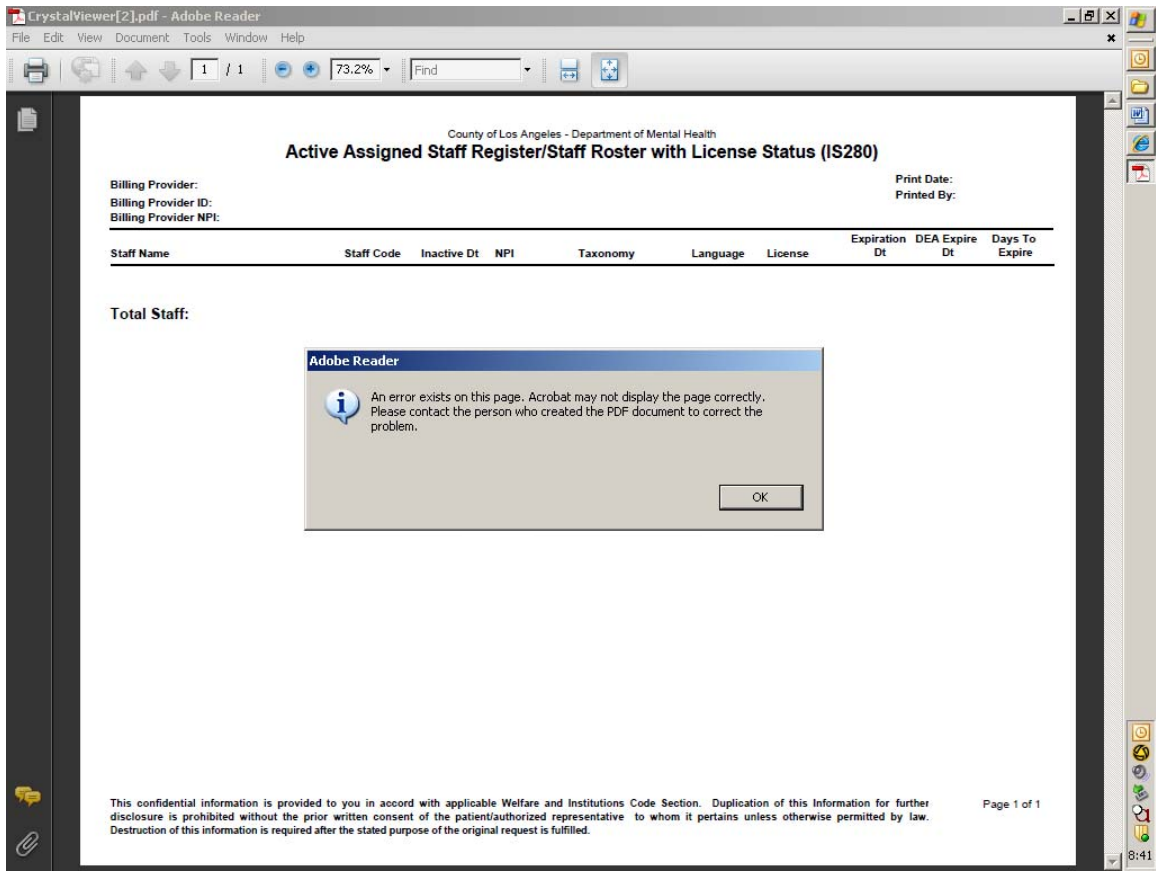


If you wish to see all pages of the report, mark “All” then click “Print.”



At this point, you have the option to open or save the file.

To view in PDF, click on Open.

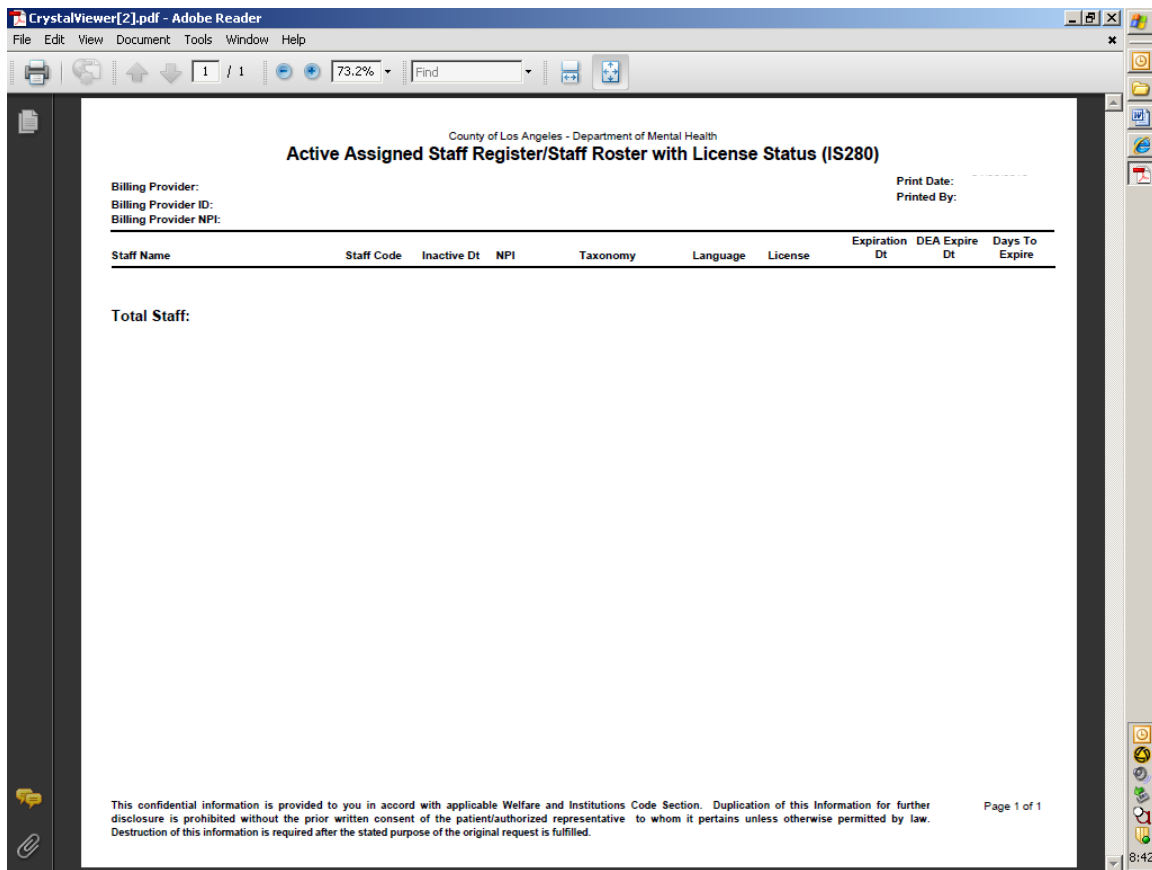


You can now see all columns of information provided on the report.

The pop-up box:

“An error exists on this page. Acrobat may not display the page correctly. Please contact the person who created the PDF document to correct the problem.”

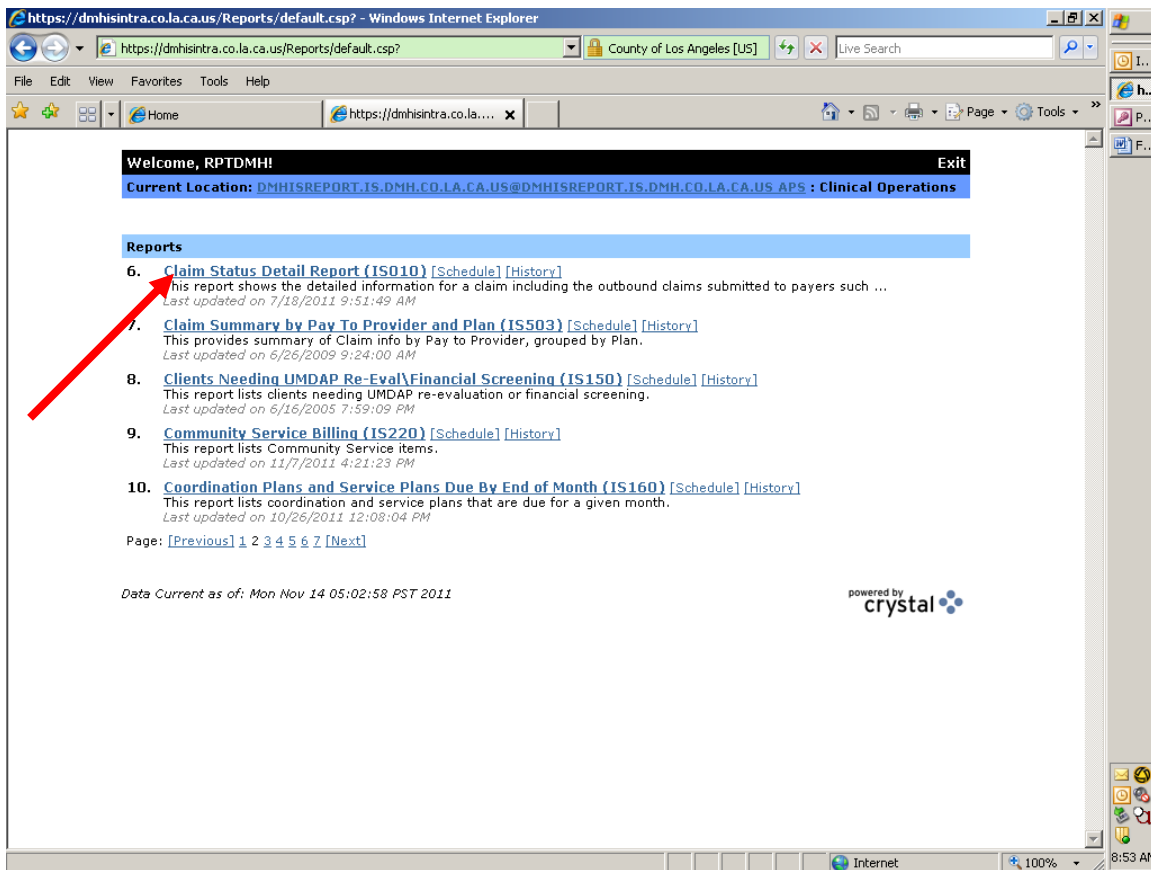
This box always comes up on any report ran and put into PDF format. Click on OK and continue viewing.



For this particular report, you will see the following information:

Billing provider: The name of the provider
Billing Provider ID: The provider's FFS ID
Billing Provider NPI: The provider's assigned NPI
Print Date: Date report was printed/viewed
Printed By: Name of the person printing/viewing the report
Staff Name: The name of the rendering provider(s)
Inactive Dt: The date the rendering provider becomes inactive to provide services
NPI: The rendering provider's NPI
Taxonomy: The rendering provider's taxonomy
Language: The language the rendering provider speaks (if provided)
License: The license number assigned to the rendering provider
Expiration Dt: The expiration of the rendering provider's medical license
DEA Expire Dt: The expiration of the rendering provider's DEA license (if applicable)
Days to Expire: The number of days until the rendering provider's medical license expires

If there are any discrepancies, contact Provider Relations at (213) 738-3311.



The IS010 Report can be found on page 2.

This report provides claim line detail information for the claims that you or your biller has submitted. It details if claims have been approved for payment (approved/forwarded), denied for resubmission (denied) or awaiting processing (pending).

This also gives information on claims denied by the State. Once you see claims denied with STATE 125, you will then use the IS702 report for specifics on the denial. These denials also show on the 706A Internet Reports as “MC Denied.”

IS010

Report Parameter Form

Please enter the id of the Billing Provider
BillingProviderId: 0004 NAPA STATE HOSPITAL

Please select the date range of the services
ServiceDate: Start of range: [Date Picker] End of range: [Date Picker]
☒ Include Value ☐ No Lower Bound ☐ No Upper Bound

Please select the claim status you would like to review
ClaimStatus: Approved [Select]

Remove

VisibleOnAdmin: View only claims that are visible on Admin? True

IncludeMediCal: Show Medi-Cal claims True

IncludeMedicare: Show Medicare claims True

IncludeInsurance: Show Private Insurance Claims True

Includes claims that are billing to DMH only

In order to run this report, the important information to enter is:

BillingProviderId – Select the provider

ServiceDate - This is a span of time for which services were rendered. For example, you are researching claim status for dates of service between May and June 2011. Start of range will be May 1, 2011 and end of range will be June 30, 2011.

ClaimStatus: Allows the system to search and provide information based on the statuses selected

SubmitDate: This is a span of time for which claims were entered into the system. For example, you submitted claims in the month of March but do not remember the specific date. Start range will be March 1, 2011 and end of range March 31, 2011. If you have a specific date, for example, March 5, 2011, that date will go in both start and end of range fields.

(This field is displayed on the next page)

Report Parameters - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/setparams.csp?init=connect&id=1289759 County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Home https://dmhisintra.co.la.ca.u... Report Parameters

Remove

VisibleOnAdmin View only claims that are visible on Admin?
☐ True

IncludeMediCal Show Medi-Cal claims
☐ True

IncludeMedicare Show Medicare claims
☐ True

IncludeInsurance Show Private Insurance Claims
☐ True

IncludeDMHOnly Includes claims that are billing to DMH only
☐ True

ShowAdditionalIdentifiers Show additional client identifiers
☐ True

SubmitDateRange Start of range:
☒ Include Value ☐ No Lower Bound
End of range:
☒ Include Value ☐ No Upper Bound

FilterVoidClaims Filter out Claims that have been Voided?
☐ True

FilterResubmittedClaims Filter out Claims that have been resubmitted?
☐ True

Show Report

Done Internet 100% 8:54 AM

Report Parameter Form

BillingProviderId Please enter the id of the Billing Provider
0004 NAPA STATE HOSPITAL

ServiceDate Please select the date range of the services
Start of range:
☒ Include Value ☐ No Lower Bound
End of range:
☒ Include Value ☐ No Upper Bound

ClaimStatus Please select the claim status you would like to review
Approved
Approved
Denied
Denied Pending
Forwarded
Pending
Pending Adjudication
Submitted
PENDING CPE

VisibleOnAdmin View only claims that are visible on Admin?
True

IncludeMediCal Show Medi-Cal claims
True

IncludeMedicare Show Medicare claims
True

IncludeInsurance Show Private Insurance Claims
True

This screenshot shows the different types of claim statuses available to select from.

To select claim statuses, use the pull down menu to select a status, then click Select so the status appears in the claim status box.

Approved – adjudicated by DMH and State for payment

Denied – denied at the County level typically; STATE 125 denials are from the State; resubmission for County or State denials may be necessary

Denied Pending – not applicable

Forwarded – claims are at the State level awaiting adjudication for denial or payment

Pending – claims are adjudicated by DMH for denial or payment

Pending Adjudication – not applicable

Submitted – claims entered into the system that may have not completed the process through the IS adjudication process

PENDING CPE – not applicable

Report Parameters - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/setparams.csp?init=connect&id=1289759 County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Home https://dmhisintra.co.la.ca.u... Report Parameters

Remove

VisibleOnAdmin View only claims that are visible on Admin?
True

IncludeMediCal Show Medi-Cal claims
True

IncludeMedicare Show Medicare claims
True

IncludeInsurance Show Private Insurance Claims
True

IncludeDMHOnly Includes claims that are billing to DMH only
True

ShowAdditionalIdentifiers Show additional client identifiers
True

SubmitDateRange Start of range:
☒ Include Value ☐ No Lower Bound
 End of range:
☒ Include Value ☐ No Upper Bound

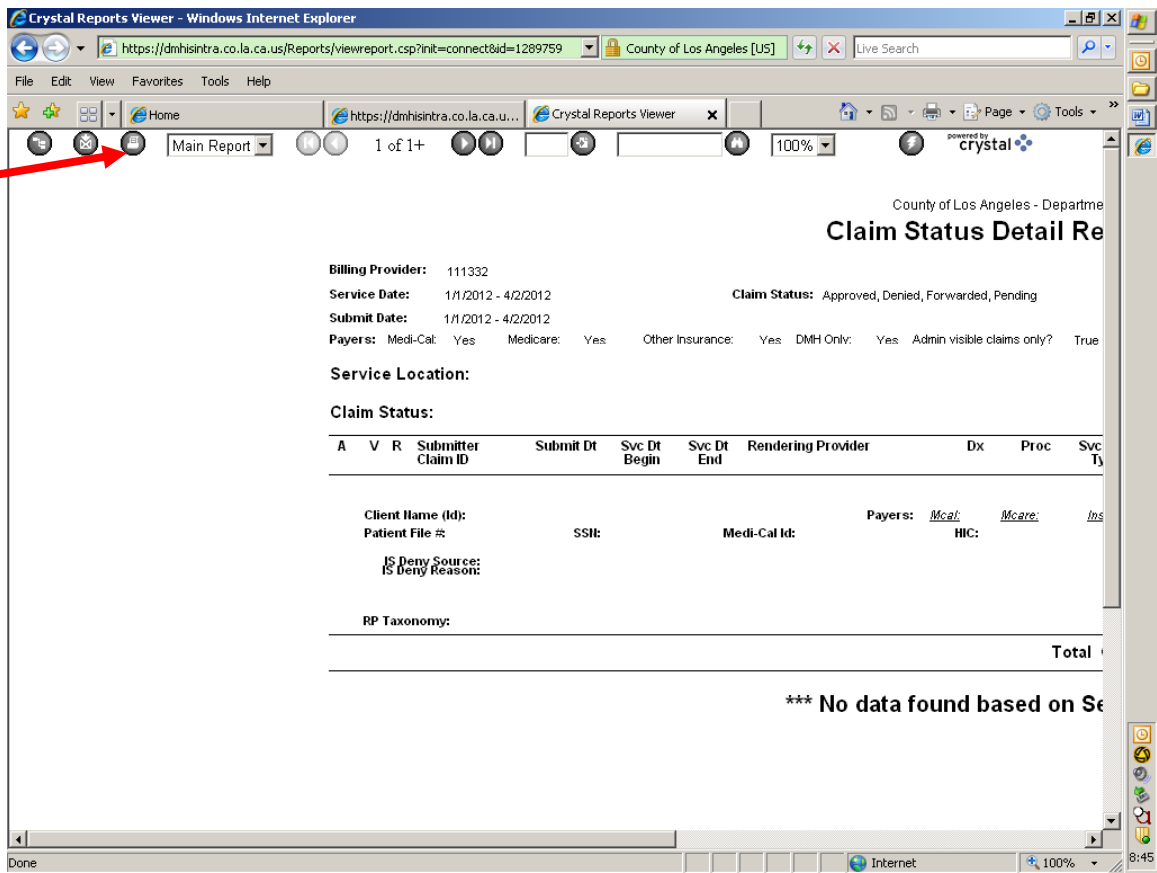
FilterVoidClaims Filter out Claims that have been Voided?
True

FilterResubmittedClaims Filter out Claims that have been resubmitted?
True

Show Report

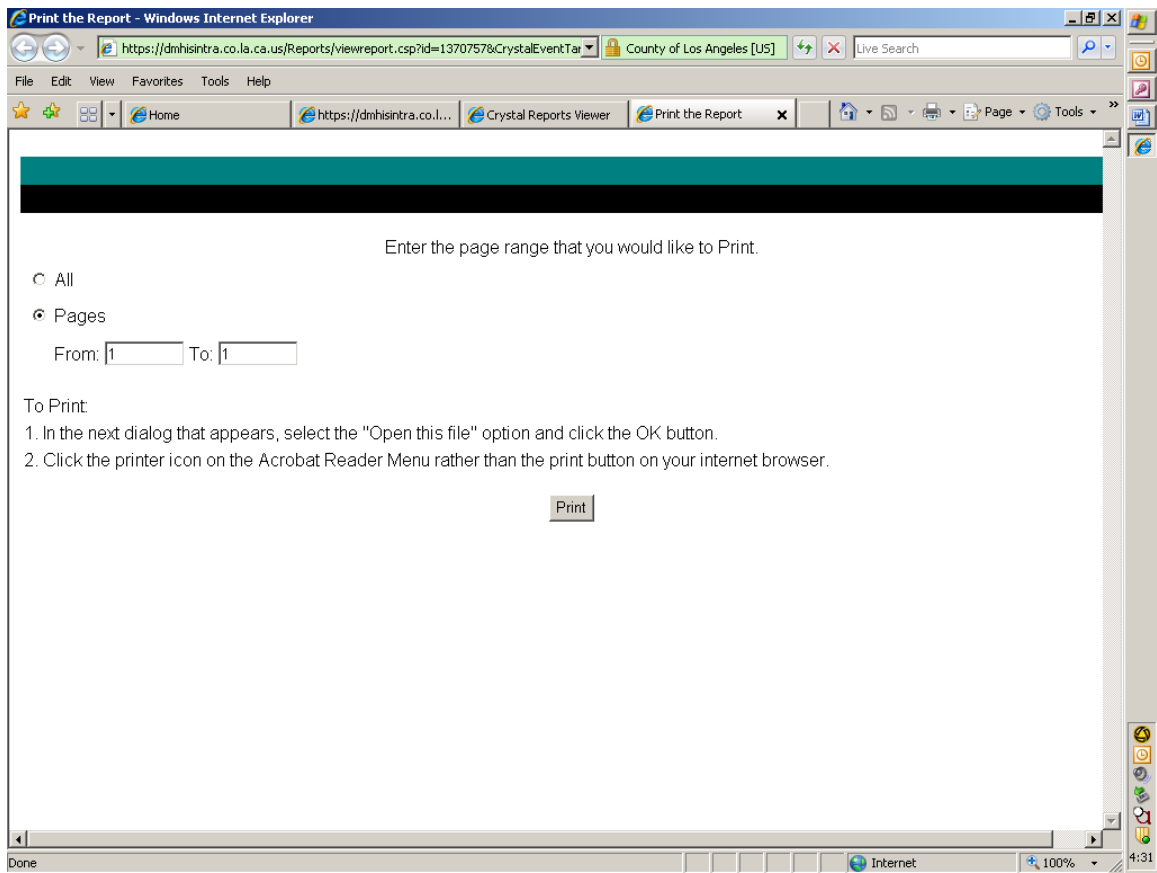
Done Internet 100% 8:54 AM

Once all information has been entered, click “Show Report” to run the report.

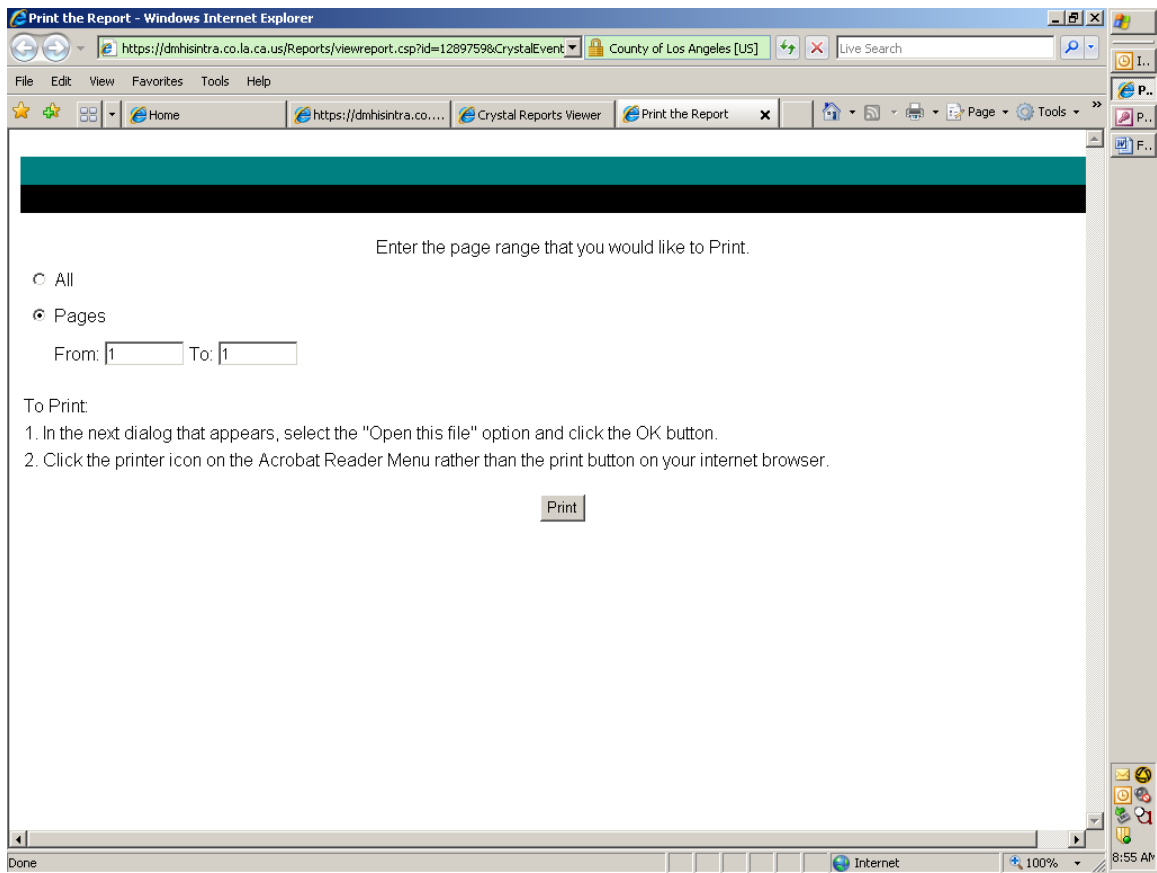


This is how the report initially displays.

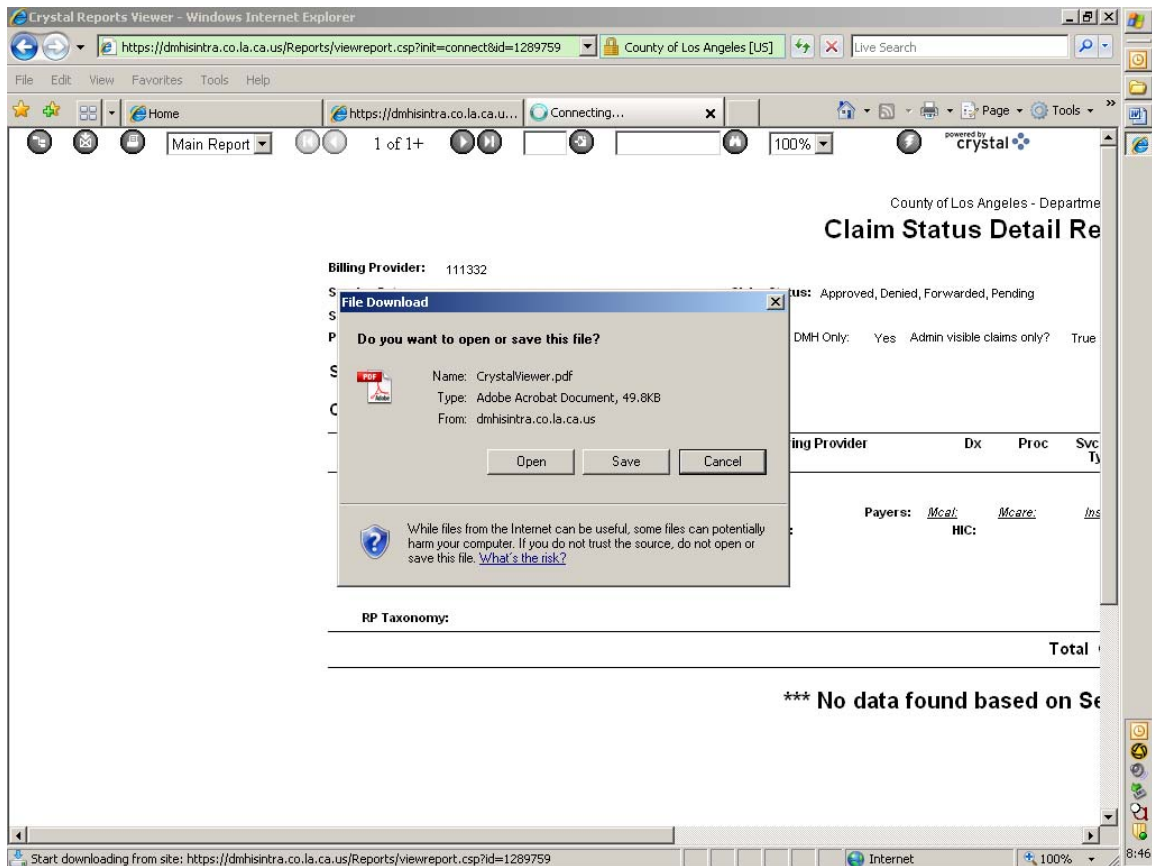
To view the report in PDF format, click the icon that resembles a printer.



The page is defaulted with the button in the “Pages” location. This allows you to select particular pages at a time instead of viewing the whole report.

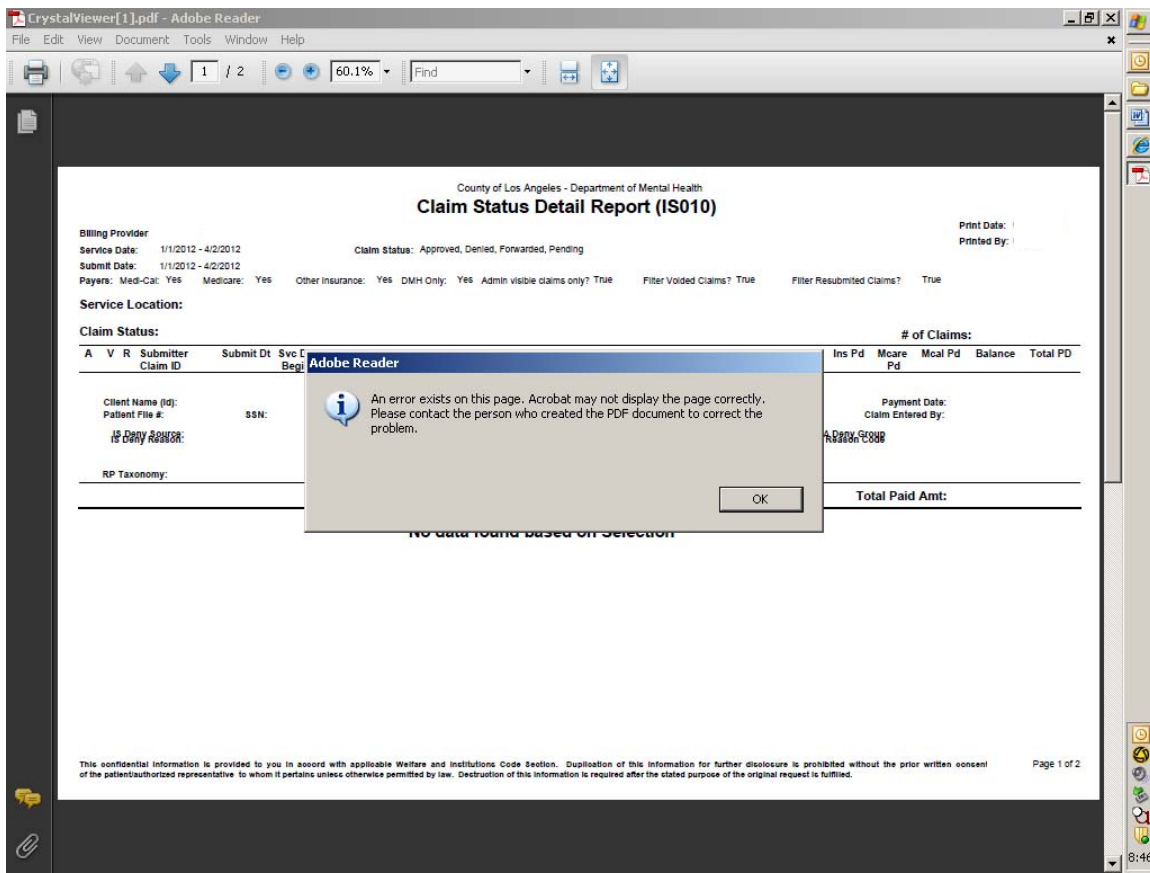


If you wish to see all pages of the report, mark “All” then click “Print.”



At this point, you have the option to open or save the file.

To view in PDF, click on Open.



You can now see all columns of information provided on the report.

The pop-up box:

“An error exists on this page. Acrobat may not display the page correctly. Please contact the person who created the PDF document to correct the problem.”

This box always comes up on any report ran and put into PDF format. Click on OK and continue viewing.

CrystalViewer[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 2 60.1% Find

County of Los Angeles - Department of Mental Health

Claim Status Detail Report (IS010)

Billing Provider: _____

Service Date: 1/1/2012 - 4/2/2012 Claim Status: Approved, Denied, Forwarded, Pending

Submit Date: 1/1/2012 - 4/2/2012

Print Date: _____

Printed By: _____

Payers: Medi-Cal: Yes Medicare: Yes Other Insurance: Yes DMH Only: Yes Admin visible claims only? True Filter Voided Claims? True Filter Resubmitted Claims? True

Service Location: _____

Claim Status: _____

										# of Claims:									
A	V	R	Submitter	Submit Dt	Svc Dt	Svc Dt	Rendering Provider	Dx	Proc	Svc Unit	Svc	Claim Amt	Contract	Client	Ins Pd	Mcare	Mcal Pd	Balance	Total PD
			Claim ID		Begin	End				Type	Qty		Amt		Pd				
Client Name (ID):				SSN:		Medi-Cal ID:		Payers: MCAL: MCARE: JCS:				Payment Date:							
Patient File #:								HIC:				Claim Entered By:							
IS ONLY APPROVED:												HPAA Claim Adjustment Reason Code		HPAA Only Group					
RP Taxonomy:																			
										Total Claim Amt:					Total Paid Amt:				
*** No data found based on Selection ***																			

This confidential information is provided to you in accord with applicable Welfare and Institutions Code Section. Duplication of this information for further disclosure is prohibited without the prior written consent of the patient/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Page 1 of 2

8:47

For this particular report, you will see the following the information:

Billing Provider: Name of the provider

Service Date: The range of dates you entered on the report parameter form

Submit Date: The range of dates you entered on the report parameter form

Claim Status: The list of statuses you requested on the report parameter form

Print Date: The day the report was printed/viewed

Printed By: The name of the person who printed/viewed the report

Service Location: Name of the provider (provider's bill-to/pay-to ID)

Claim Status: denotes what status you are currently viewing

Submitter Claim ID: Claim ID sent on the inbound claim

Rendering provider: name of provider who rendered services

Submit Dt Begin: date claim was submitted for adjudication

Client Name (ID): name of the client receiving services (DMH ID)

Medi-Cal ID: client's Medi-Cal CIN

Dx: diagnosis code entered on the claim

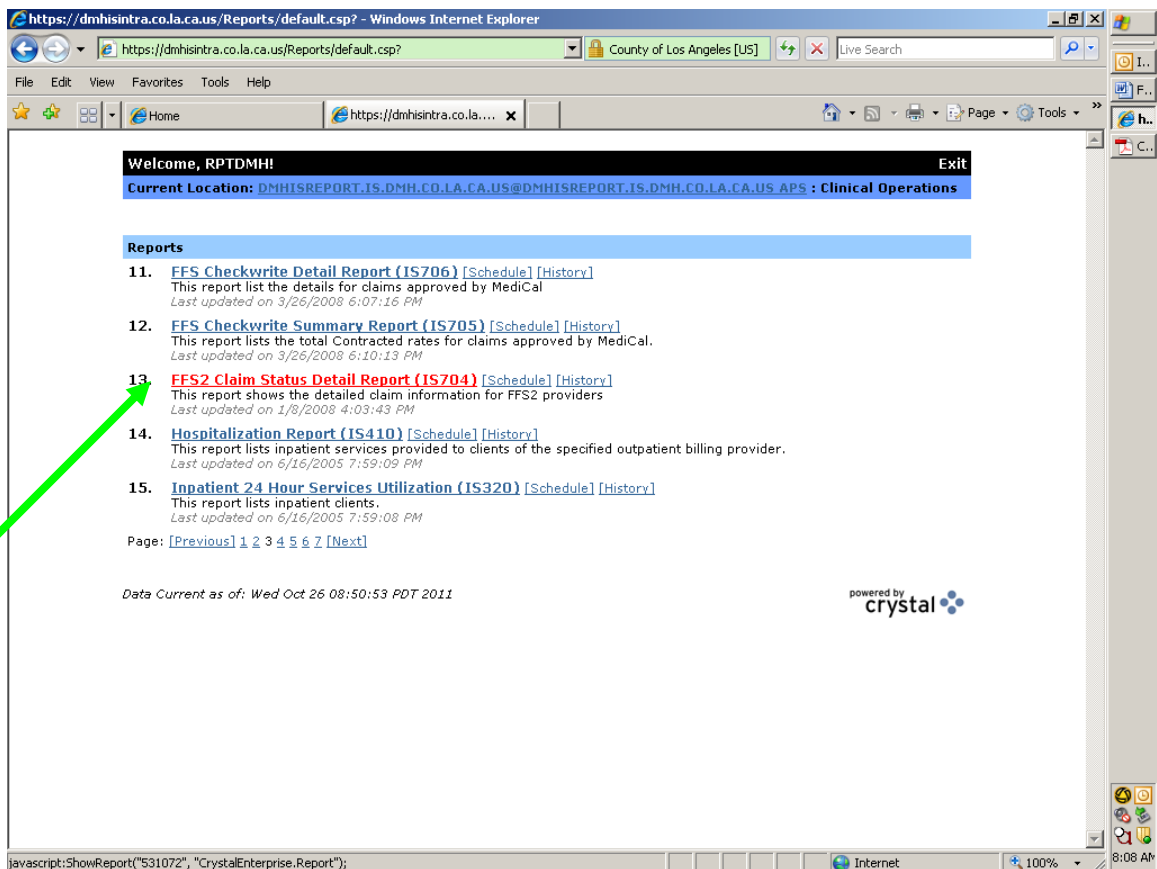
Proc: procedure code entered on the claim

Svc Unit Type: selection of units or minutes on the claim

Svc Qty: # of minutes or units entered on the claim

Total PD: contracted amount

Claim Entered By: person who submitted the claim



The IS704 report is located on page 3.

This report provides claim line detail information for the claims that you or your biller has submitted. It details if claims have been approved for payment (approved/forwarded), denied for resubmission (denied) or awaiting processing (pending).

This report also gives information on claims denied by the State. Once you see claims denied with STATE 125, you will then use the IS702 report for specifics on the denial. These denials also show on the 706A Internet Report as “MC Denied.”

IS 704

Report Parameter Form

BillingProviderId Please enter the id of the Billing Provider

ServiceDateRange Please select the date range of the services

Start of range:

☒ Include Value ☐ No Lower Bound

End of range:

☒ Include Value ☐ No Upper Bound

IncludeMediCal Show Medi-Cal Claims

SubmitDateRange Please select date range of submit

Start of range:

☒ Include Value ☐ No Lower Bound

End of range:

☒ Include Value ☐ No Upper Bound

FilterVoidClaims Filter out Claims that have been Voided?

FilterResubmittedClaims Filter out Claims that have been resubmitted?

Please select a claim status

ClaimStatus

For this particular report, you will see the following information (only the following are required):

Billing Provider Id: Select the provider

ServiceDateRange: This is a span of time for which services were rendered. For example, you are researching claim status for dates of service between May and June 2011. Start of range will be May 1, 2011 and end of range will be June 30, 2011.

SubmitDateRange: This is a span of time for which claims were entered into the system. For example, you submitted claims in the month of March but do not remember the specific date. Start range will be March 1, 2011 and end of range March 31, 2011. If you have a specific date, for example, March 5, 2011, that date will go in both start and end of range fields.

ClaimStatus: Allows the system to search and provide information based on the statuses selected

This screenshot shows the different types of claim statuses available to select from.

To select claim statuses, use the pull down menu to select a status, then click Select so the status appears in the claim status box.

Approved – adjudicated by DMH and State for payment

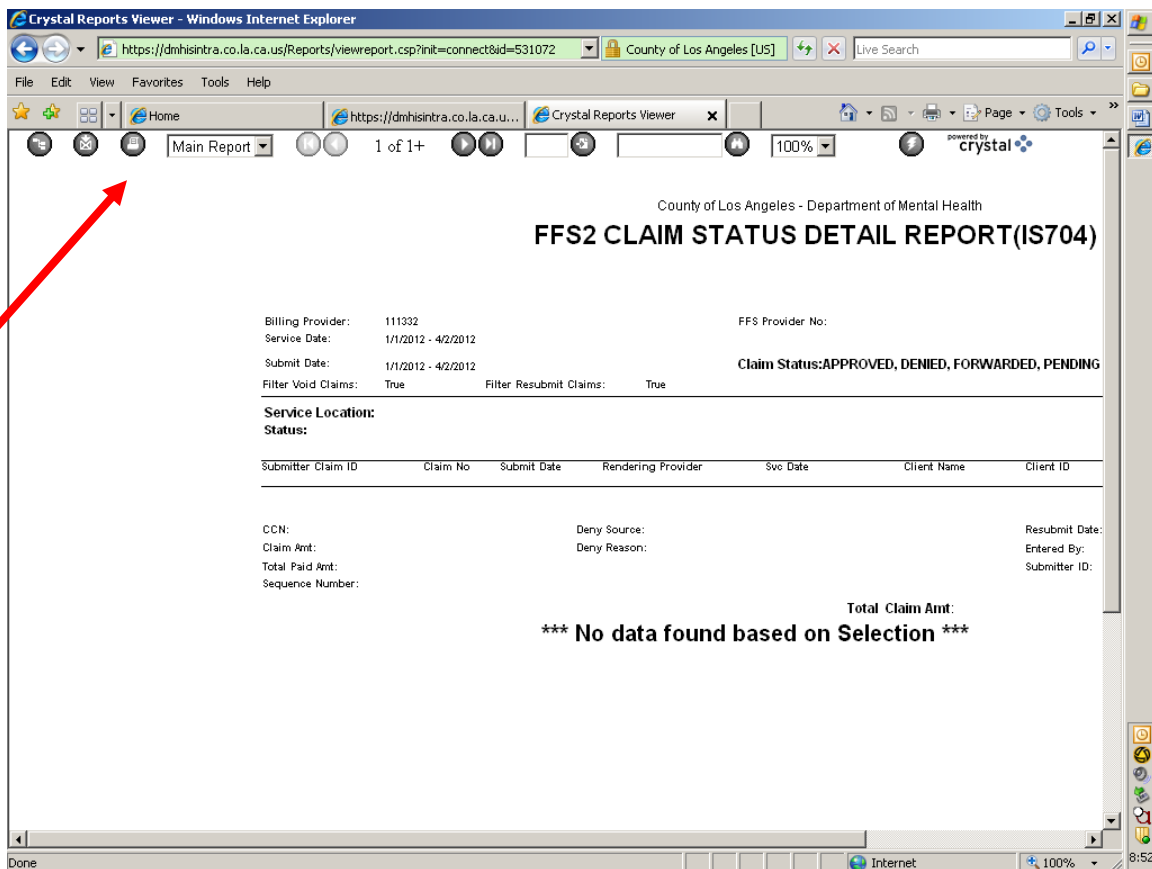
Denied – denied at the County level typically; STATE 125 denials are from the State; resubmission of County or State denials may be necessary

Forwarded – claims are at the State level awaiting adjudication for denial or payment

Pending – claims are adjudicated by DMH for denial or payment

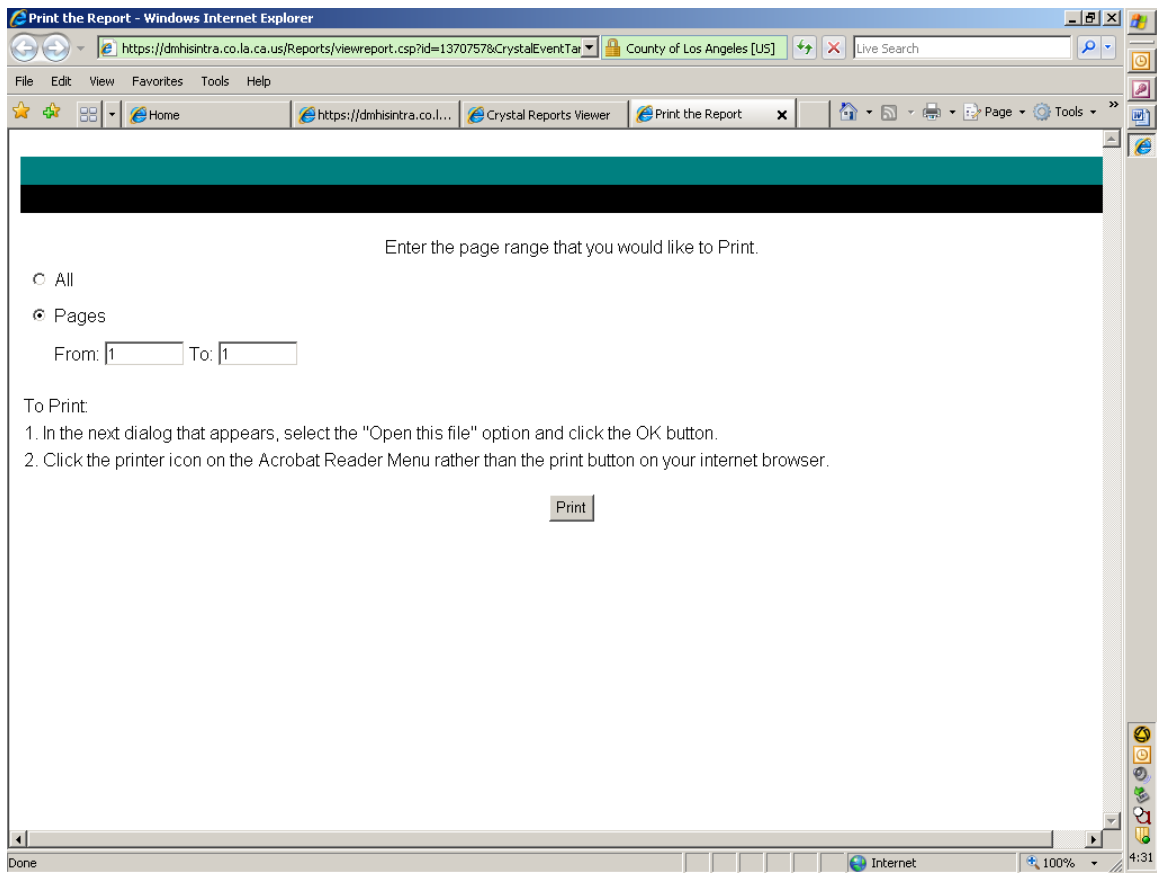
Submitted – claims entered into the system that may have not completed the process through the IS adjudication process

Void – not applicable

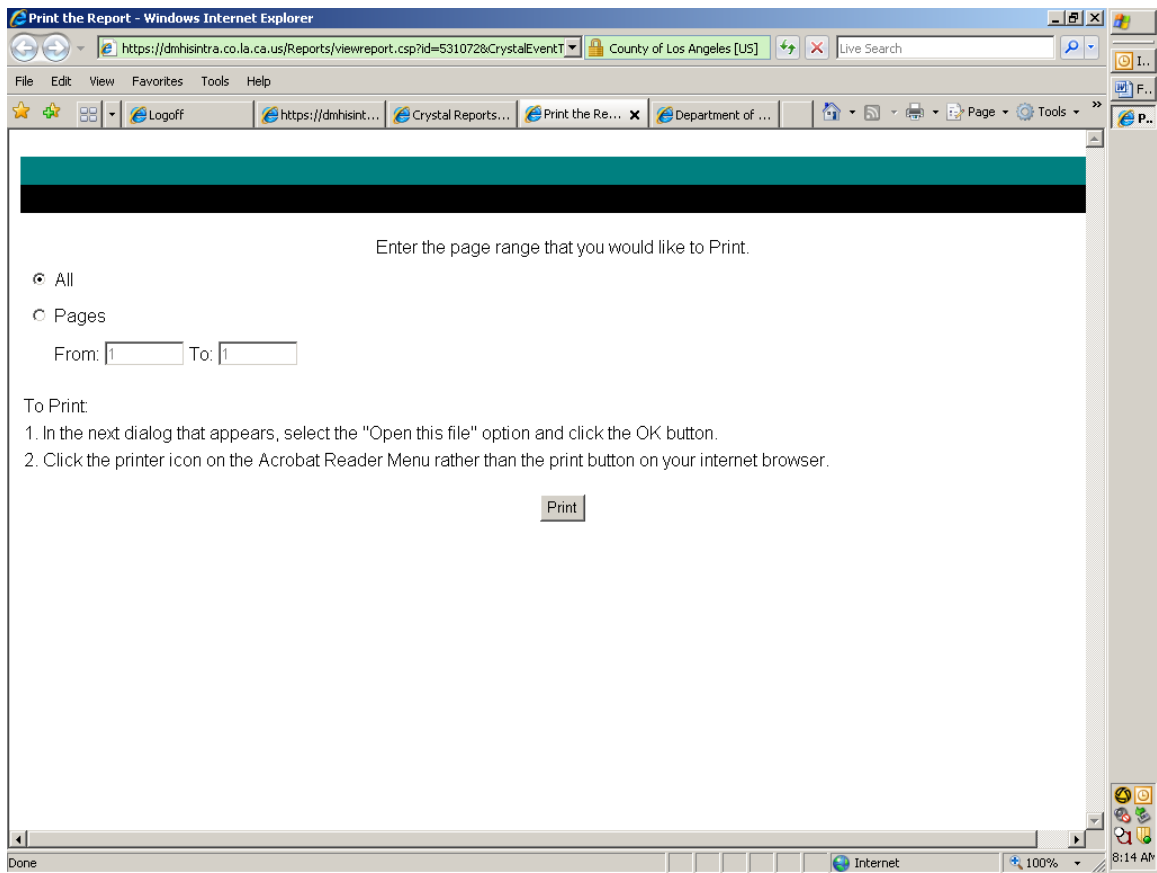


This is how the report initially displays.

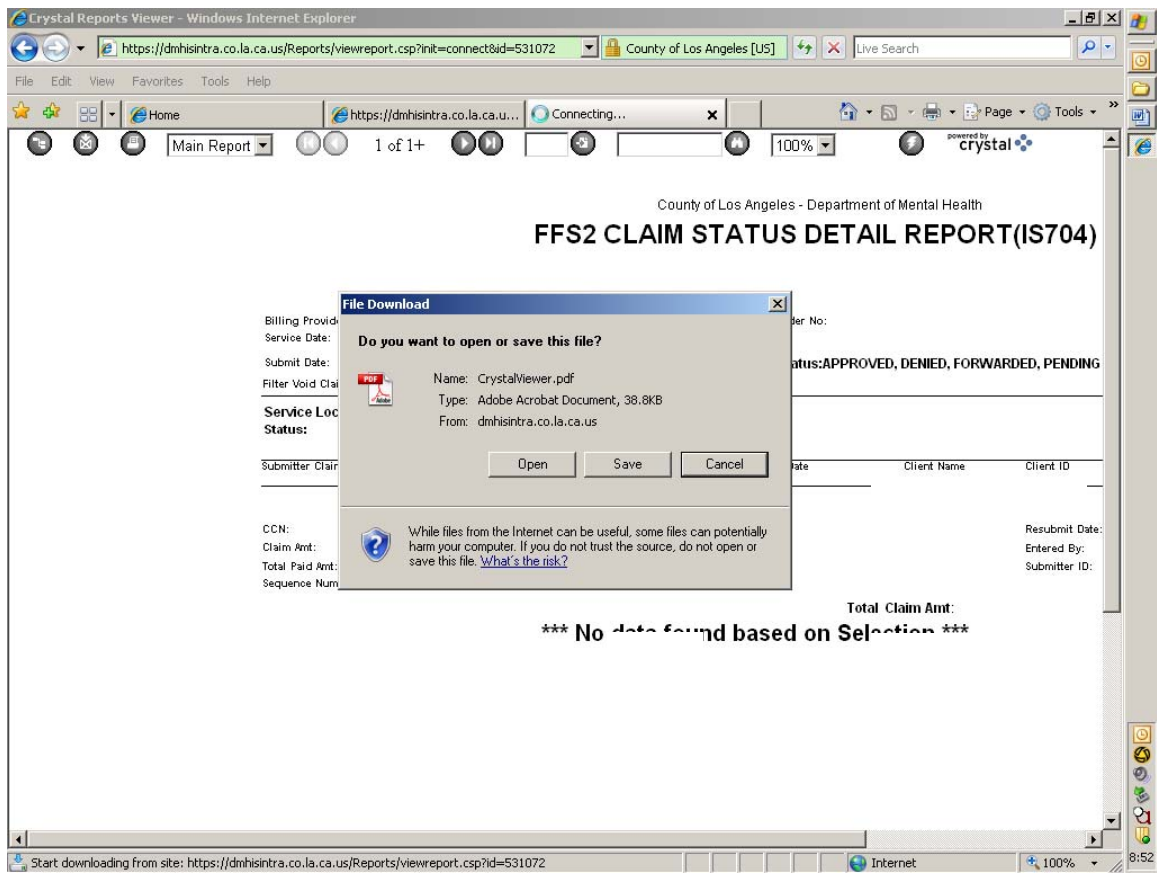
To view the report in PDF format, click the icon that resembles a printer.



The page is defaulted with the button in the “Pages” location. If you wish to select particular pages, this allows you to

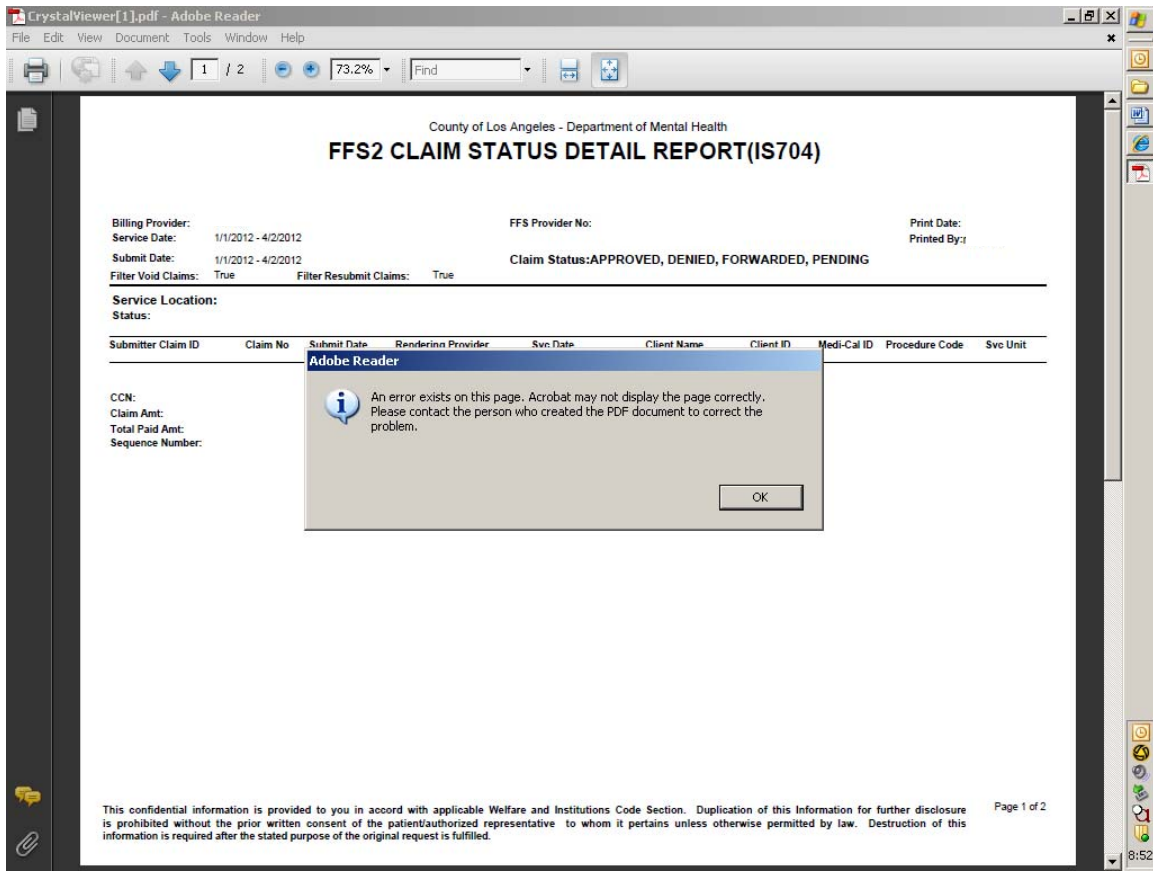


If you wish to see all pages of the report, mark “All” then click “Print.”



At this point, you have the option to open or save the file.

To view in PDF, click on Open.



You can now see all columns of information provided on the report.

The pop-up box:

“An error exists on this page. Acrobat may not display the page correctly. Please contact the person who created the PDF document to correct the problem.”

This box always comes up on any report ran and put into PDF format. Click on OK and continue viewing.

CrystalViewer[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 2 73.2% Find

County of Los Angeles - Department of Mental Health

FFS2 CLAIM STATUS DETAIL REPORT(IS704)

Billing Provider: FFS Provider No: Print Date:
 Service Date: Printed By:
 Submit Date: 1/1/2012 - 4/2/2012 Claim Status: APPROVED, DENIED, FORWARDED, PENDING
 Filter Void Claims: True Filter Resubmit Claims: True

Service Location:
 Status:

Submitter Claim ID	Claim No	Submit Date	Rendering Provider	Svc Date	Client Name	Client ID	Medi-Cal ID	Procedure Code	Svc Unit
CCN: Deny Source: Resubmit Date: Claim Amt: Deny Reason: Entered By: Total Paid Amt: Submitter ID: Sequence Number:									
Total Claim Amt: *** No data found based on Selection ***									

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Page 1 of 2

8:52

For this particular report, you will see the following the information:

Billing Provider: Name of the provider

FFS Provider No: Provider number associated with the billing provider named above

Service Date: The range of dates you entered on the report parameter form

Submit Date: The range of dates you entered on the report parameter form

Claim Status: The list of statuses you requested on the report parameter form

Print Date: The day the report was printed/viewed

Printed By: The name of the person who printed/viewed the report

Service Location: Name of the provider

Status: denotes what status you are currently viewing

Submitter Claim ID: Claim ID sent on the inbound claim

Claim No: IS internal ID for an inbound claim

Submit Date: date claim was submitted for adjudication

Rendering provider: name of provider who rendered services

Svc Date: date services were rendered

Client Name: name of the client receiving services

Medi-Cal ID: client's Medi-Cal CIN

Procedure Code: procedure code entered on the claim

Svc Unit: number of minutes entered on the claim

CCN: claim control number

Claim Amt: amount entered on the claims

Total Paid Amt: contracted amount

Sequence Number: check reference number; only applicable on Approved claims

Deny Source: source that identified the denial (IS, DMH, State)

Deny Reason: reason for the denial

Entered By: person who submitted the claim

Submitter ID: ID number associated to the person who submitted the claim

To manipulate the data into another format, try running an IS707 report from the Clinical Reports Exports category.

CrystalViewer[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

844 / 844 73.2% Find

County of Los Angeles - Department of Mental Health

FFS2 CLAIM STATUS DETAIL REPORT(IS704)

Billing Provider: FFS Provider No: Print Da
 Service Date: Printed f
 Submit Date: 7/1/2011 - 10/27/2011 Claim Status: APPROVED, DENIED, FORWARDED, PENDING
 Filter Void Claims: True Filter Resubmit Claims: True

Claim Status Summary by Service Location

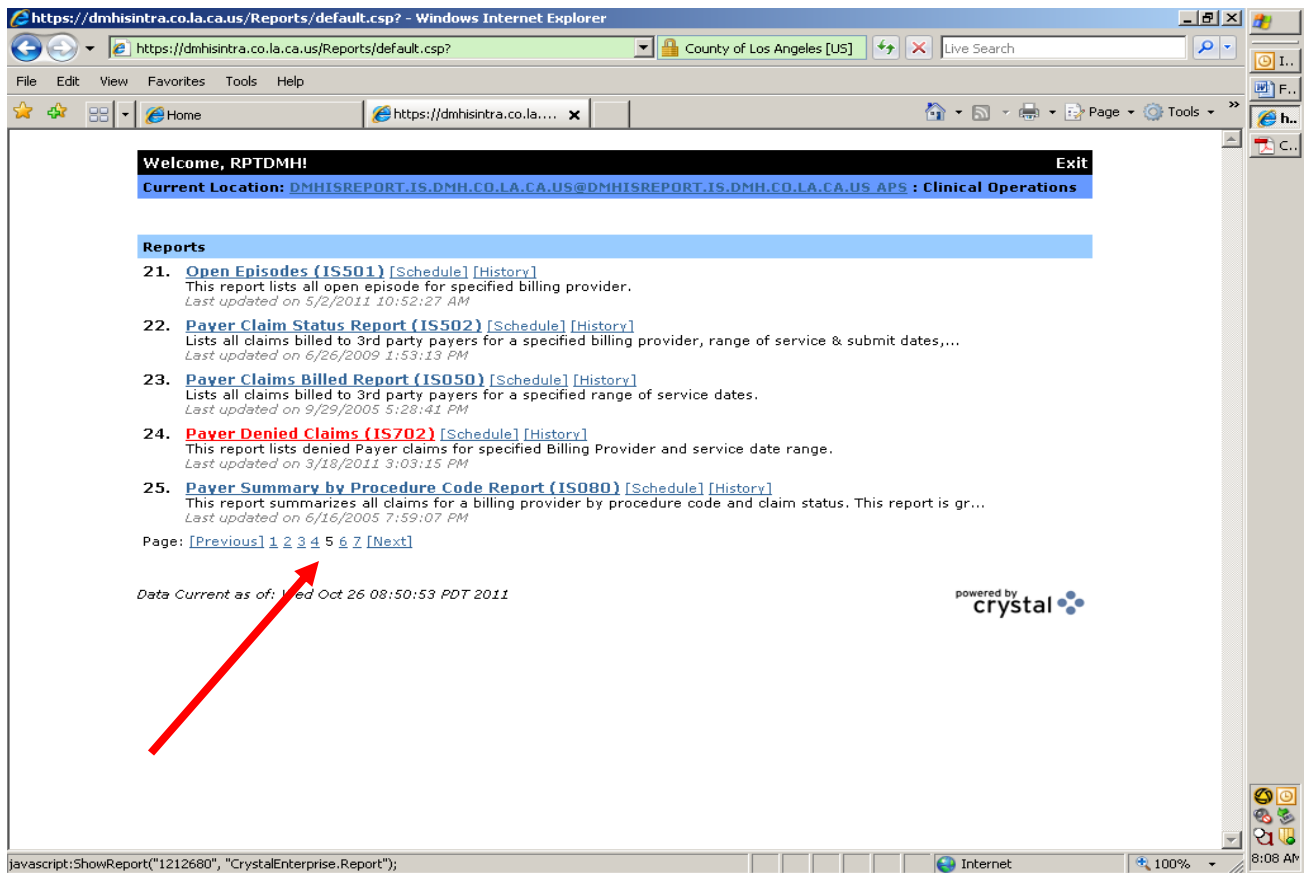
Service Location	Status	# of Claims	Claim Amount
	DENIED	758	
	FORWARDED	1,555	
	PENDING	213	
	Total	2,526	
Report Total		2,526	\$246,860.00

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8:16 AM

This page is a summary of the number of claims and claiming amount per claim status.

Please note: Claim amount may not reflect the actual amount that will be reimbursed as claims may not be submitted with the appropriate contracted amount.



The IS702 Report is located on page 5.

This report provides a summary of claims denied by the State.

After gathering information from the IS704 on claims denied with STATE 125, you can run the IS702 to get specific details on the claims. These claims also show on the 706A Internet Reports as “MC Denied.”

IS 702

Report Parameter Form

BillingProviderID 0004 NAPA STATE HOSPITAL

ServiceDateRange

Start of range:

☒ Include Value ☐ No Lower Bound

End of range:

☒ Include Value ☐ No Upper Bound

SubmitDateRange

Start of range:

☒ Include Value ☐ No Lower Bound

End of range:

☒ Include Value ☐ No Upper Bound

MEDI-CAL

PayerName

For this particular report, you will see the following information (only the following are required):

Billing Provider ID: Select the provider

ServiceDateRange: This is a span of time for which services were rendered. For example, you are researching claim status for dates of service between May and June 2011. Start of range will be May 1, 2011 and end of range will be June 30, 2011.

SubmitDateRange: This is a span of time for which claims were entered into the system. For example, you submitted claims in the month of March but do not remember the specific date. Start range will be March 1, 2011 and end of range March 31, 2011. If you have a specific date, for example, March 5, 2011, that date will go in both start and end of range fields.

PayerName: Medi-Cal should be the only thing entered in this box.

To select Medi-Cal, as it is already defaulted, just click Select so that it appears in the PayerName box.

Crystal Reports Viewer - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/viewreport.csp?init=connect&id=1370757 County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Logoff https://dmhisintra.co.la.ca.u... Crystal Reports Viewer x Page Tools

Main Report 1 of 1+ 100%

powered by crystal

CAL

County of Los Angeles - Department of Mental Health
Payer Denied Claims (IS702)

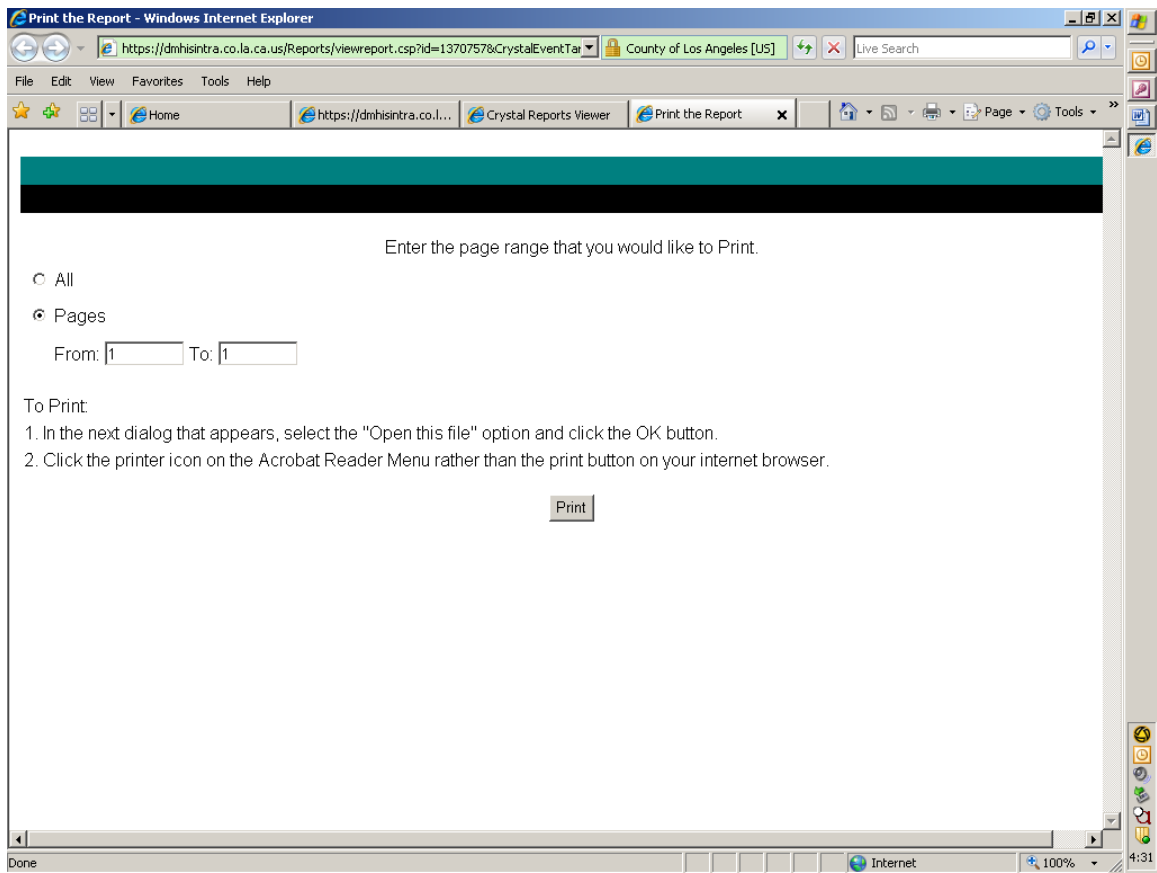
Provider ID:
Provider:
Service Date: 1/1/2012 - 4/2/2012
Submit Date: 1/1/2012 - 4/2/2012
Payer: MEDI-CAL

Client ID	ClientName	Patient File Number	Submitter's Claim ID	Service Dt Begin	Service Dt End	Proc Code	Minutes	Claim Amount	Payer \$37 Create Dt								
				02/27/2012	02/27/2012	90847	60	\$200.0003/11/2012									
Payer Adjustments <table border="1"> <thead> <tr> <th>Group Cd</th> <th>Reason Cd</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>22</td> <td>Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01</td> <td>71.00</td> </tr> </tbody> </table>										Group Cd	Reason Cd	Description	Amount	CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	71.00
Group Cd	Reason Cd	Description	Amount														
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	71.00														
				02/13/2012	02/13/2012	90847	60	\$200.0003/11/2012									
Payer Adjustments <table border="1"> <thead> <tr> <th>Group Cd</th> <th>Reason Cd</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>22</td> <td>Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01</td> <td>71.00</td> </tr> </tbody> </table>										Group Cd	Reason Cd	Description	Amount	CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	71.00
Group Cd	Reason Cd	Description	Amount														
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	71.00														
				02/06/2012	02/06/2012	90847	60	\$200.0003/11/2012									
Payer Adjustments <table border="1"> <thead> <tr> <th>Group Cd</th> <th>Reason Cd</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>22</td> <td>Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01</td> <td>71.00</td> </tr> </tbody> </table>										Group Cd	Reason Cd	Description	Amount	CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	71.00
Group Cd	Reason Cd	Description	Amount														
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	71.00														

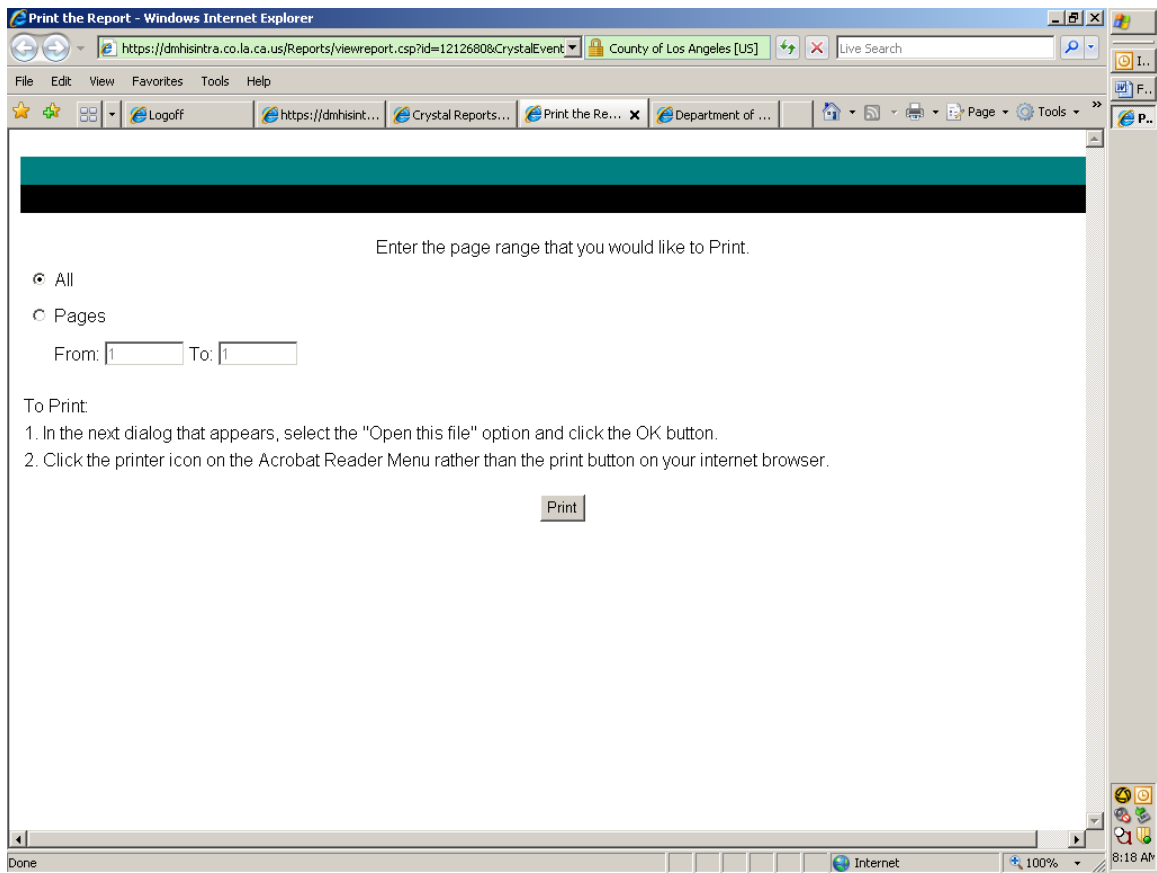
Done Internet 100% 9:08

This is how the report initially displays.

To view the report in PDF format, click on the icon that resembles a printer.



This page is defaulted with the button in the “Pages” location. This allows you to select particular pages at a time instead of viewing the whole report.



If you wish to see all pages of the report, mark “All” then click “Print.”

Crystal Reports Viewer - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/viewreport.csp?init=connect&id=1212680 County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Logoff https://dmhisintra.co... Connecting... Department of Mental... Page Tools

Main Report 1 of 1+ 100% crystal

MEDI-CAL

County of Los Angeles - Department of Mental Health
Payer Denied Claims (IS702)

Provider ID:
Provider:
Service Da
Payer:
Client ID

File Download

Do you want to open or save this file?

Name: CrystalViewer.pdf
Type: Adobe Acrobat Document, 67.4KB
From: dmhisintra.co.la.ca.us

Open Save Cancel

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

Service Dt End	Proc Code	Minutes	Claim Amount
04/22/2011	99222	50	\$175.00
Amount			
78.00			
04/28/2011	99222	50	\$175.00

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	78.00

3944862049 04/30/2011 04/30/2011 99232 25 \$80.00

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	40.00

javascript:doExport('printdlg') Internet 100% 8:19 AM

At this point, you have the option to open or save the file.

To view in PDF, click on Open.

CrystalViewer[4].pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 5 73.2% Find

County of Los Angeles - Department of Mental Health
Payer Denied Claims (IS702)

Provider ID:
 Provider:
 Service Date: 3/1/2011 - 8/30/2011
 Payer: MEDI-CAL

Print Data
 Printed E

Client ID	ClientName	Patient File Number	Submitter's Claim ID	Service Dt Begin	Service Dt End	Proc Code	Minutes	Claim Amount	Payer 837 Create Dt	Payer Adjud Dt	Claim IS Status									
.....		880982119		04/22/2011	04/22/2011	99222	50	\$175.00	06/28/2011	08/25/2011	DENIED									
Payer Adjustments <table border="1"> <thead> <tr> <th>Group Cd</th> <th>Reason Cd</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>22</td> <td>Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01</td> <td>78.00</td> </tr> </tbody> </table>												Group Cd	Reason Cd	Description	Amount	CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	78.00	
Group Cd	Reason Cd	Description	Amount																	
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	78.00																	
		3944855277		04/28/2011	04/28/2011	99222	50	\$175.00	07/05/2011	10/01/2011	DENIED									
Payer Adjustments <table border="1"> <thead> <tr> <th>Group Cd</th> <th>Reason Cd</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>22</td> <td>Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01</td> <td>78.00</td> </tr> </tbody> </table>												Group Cd	Reason Cd	Description	Amount	CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	78.00	
Group Cd	Reason Cd	Description	Amount																	
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		3944862049		04/30/2011	04/30/2011	99232	25	\$80.00	06/28/2011	08/24/2011	DENIED									
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Group Cd	Reason Cd	Description	Amount																	
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	40.00																	
		3898279628		03/18/2011	03/18/2011	99222	50	\$175.00	05/10/2011	07/13/2011	DENIED									
<table border="1"> <thead> <tr> <th colspan="3">Payer Additional Remarks</th> </tr> <tr> <th>Qual Cd</th> <th>Remark Cd</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>HE</td> <td>N30</td> <td>Patient ineligible for this service. Note: (Modified 6/30/03)</td> </tr> </tbody> </table>												Payer Additional Remarks			Qual Cd	Remark Cd	Description	HE	N30	Patient ineligible for this service. Note: (Modified 6/30/03)
Payer Additional Remarks																				
Qual Cd	Remark Cd	Description																		
HE	N30	Patient ineligible for this service. Note: (Modified 6/30/03)																		

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Page 1 of 5

8:19 AM

You can now see all columns of information provided on the report.

The pop-up box:

“An error exists on this page. Acrobat may not display the page correctly. Please contact the person who created the PDF document to correct the problem.”

This box always comes up on any report ran and put into PDF format. Click on OK and continue viewing.

Please note: The pop-up box may not show up on the initial page of the report.

CrystalViewer[4].pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 5 73.2% Find

County of Los Angeles - Department of Mental Health
Payer Denied Claims (IS702)

Provider ID: -----
Provider: -----
Service Date: 3/1/2011 - 8/30/2011
Payer: **MEDI-CAL**

Print Data
Printed E..

Client ID	ClientName	Patient File Number	Submitter's Claim ID	Service Dt Begin	Service Dt End	Proc Code	Minutes	Claim Amount	Payer 837 Create Dt	Payer Adjud Dt	Claim IS Status																		
-----	-----	-----	-----	04/22/2011	04/22/2011	99222	50	\$175.00	06/28/2011	08/25/2011	DENIED																		
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CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	78.00																										
				04/28/2011	04/28/2011	99222	50	\$175.00	07/05/2011	10/01/2011	DENIED																		
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Group Cd	Reason Cd	Description	Amount																										
CO	22	Payment adjusted because this care may be covered by another payer per coordination of benefits. Note: Changed as of 2/01	78.00																										
				04/30/2011	04/30/2011	99232	25	\$80.00	06/28/2011	08/24/2011	DENIED																		
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Group Cd	Reason Cd	Description	Amount																										
CO	22	Payment adjusted because this care may be covered by another payer per coordination of	40.00																										
				03/18/2011	03/18/2011	99222	50	\$175.00	05/10/2011	07/13/2011	DENIED																		
<table border="1"> <thead> <tr> <th colspan="3">Payer Adjustments</th> <th colspan="3">Payer Additional Remarks</th> </tr> <tr> <th>Group Cd</th> <th>Reason Cd</th> <th>Description</th> <th>Amount</th> <th>Qual Cd</th> <th>Remark CdDescription</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>204</td> <td></td> <td>78.00</td> <td>HE</td> <td>N30 Patient ineligible for this service. Note: (Modified 6/30/03)</td> </tr> </tbody> </table>												Payer Adjustments			Payer Additional Remarks			Group Cd	Reason Cd	Description	Amount	Qual Cd	Remark CdDescription	CO	204		78.00	HE	N30 Patient ineligible for this service. Note: (Modified 6/30/03)
Payer Adjustments			Payer Additional Remarks																										
Group Cd	Reason Cd	Description	Amount	Qual Cd	Remark CdDescription																								
CO	204		78.00	HE	N30 Patient ineligible for this service. Note: (Modified 6/30/03)																								

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Page 1 of 5

8:19 AM

The most important elements on this screen are:

ClientName – Client name: last name first, first name last

ServiceDt Begin – The date services were rendered

Payer Adjustments Description – Specific information as to why the claim was denied

Payer Additional Remarks Description – This may arise when there is more than one reason for the denial

CrystalViewer[5].pdf - Adobe Reader

File Edit View Document Tools Window Help

5 / 5 73.2% Find

County of Los Angeles - Department of Mental Health
Payer Denied Claims (IS702)

Provider ID: 132271
 Provider: MEMORIAL COUNSELING ASS
 Service Date: 3/1/2011 - 8/30/2011
 Payer: MEDI-CAL

Print Date
 Printed E...

Client ID	ClientName	Patient File Number	Submitter's Claim ID	Service Dt Begin	Service Dt End	Proc Code	Minutes	Claim Amount	Payer 837 Create Dt	Payer Adjud Dt	Claim IS Status
Report Total (minutes/claim amount):							500.00	\$1,660.00			

Adobe Reader

An error exists on this page. Acrobat may not display the page correctly. Please contact the person who created the PDF document to correct the problem.

OK

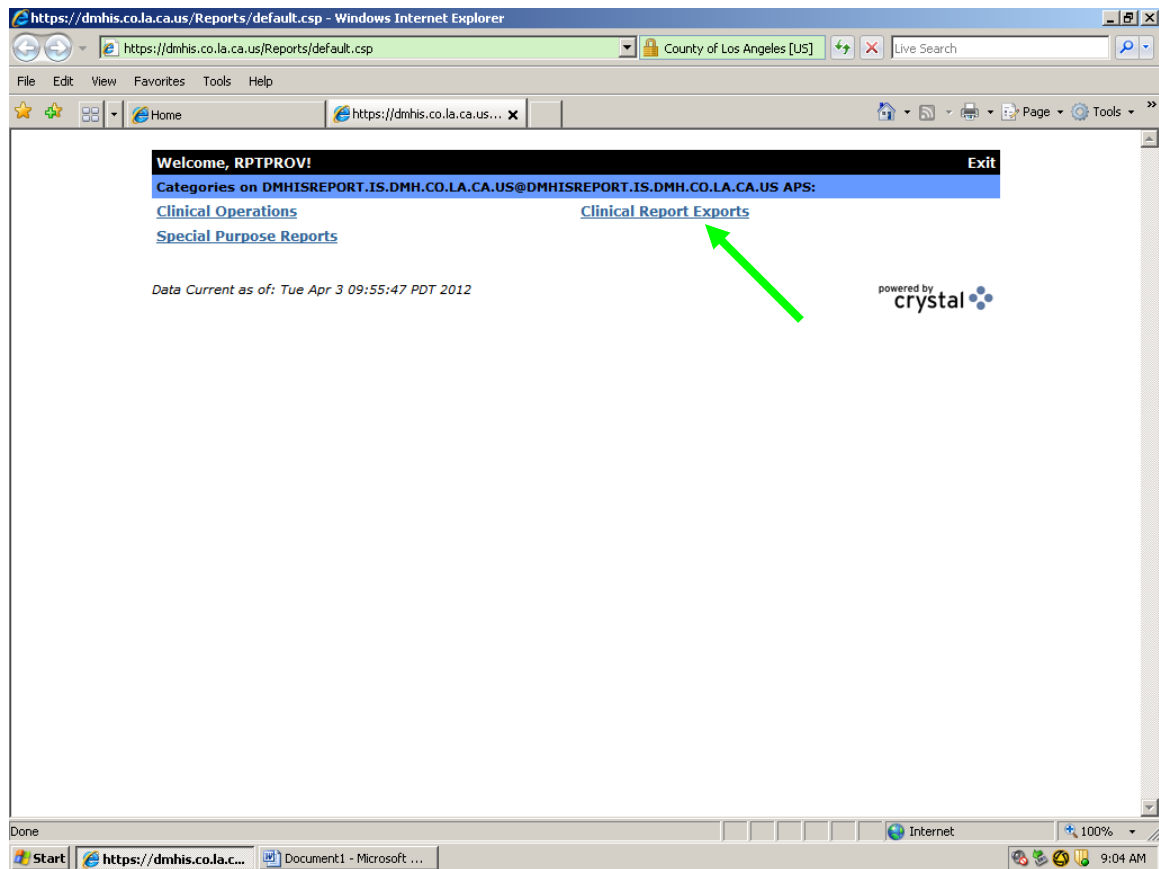
This confidential information is provided to you in accord with applicable Welfare and Institutions Code Section. Duplication of this information for further disclosure is prohibited without the prior written consent of the patient/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Page 5 of 5

8:21 AM

This page shows a summary of the number of minutes claimed versus the total amount submitted for these State denied claims.

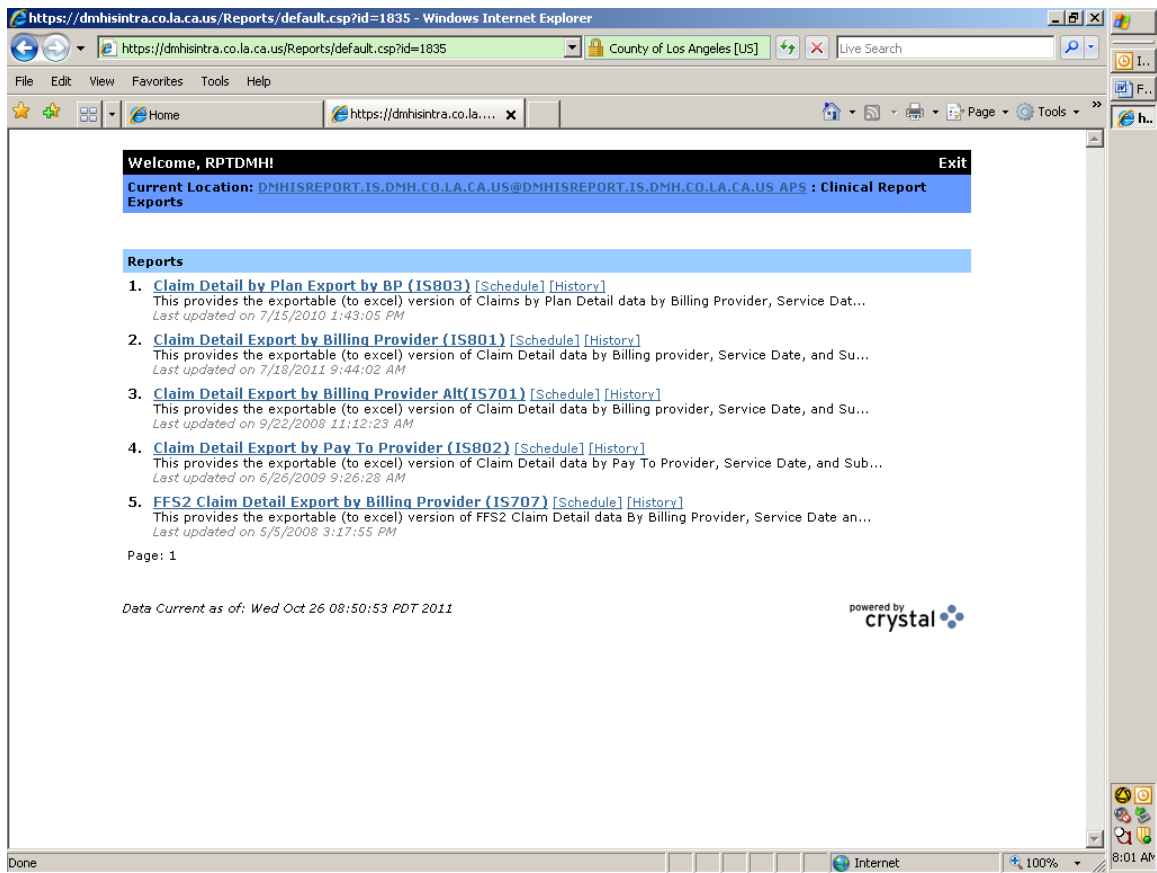
Clinical Report Exports



Clinical Report Exports are reports that can be exported into Excel files and manipulated by the individual's preference.

The most commonly used Clinical Report Export is the IS707.

This report contains the same claim line detail information as the IS010 and IS704 reports, but it can be exported into a manipulative spreadsheet. Anything denoted with STATE 125 will also show on the IS702 and on the 706A Internet Reports as "MC Denied."



The IS707 can be found at the bottom of the page.

This report is similar to the IS704 report with the exception it can be read in spreadsheet format.

https://dmhisintra.co.la.ca.us/Reports/default.csp?id=1835 - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/default.csp?id=1835 County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Logoff https://dmhisintra.co.la... Department of Mental Health... Page Tools

Welcome, RPTDMH! Exit

Current Location: DMHISREPORT.IS.DMH.CO.LA.CA.US@DMHISREPORT.IS.DMH.CO.LA.CA.US APS : Clinical Report Exports

Reports

1. [Claim Detail by Plan Export by BP \(IS803\)](#) [Schedule] [History]
This provides the exportable (to excel) version of Claims by Plan Detail data by Billing Provider, Service Dat...
Last updated on 7/15/2010 1:43:05 PM
2. [Claim Detail Export by Billing Provider \(IS801\)](#) [Schedule] [History]
This provides the exportable (to excel) version of Claim Detail data by Billing provider, Service Date, and Su...
Last updated on 7/19/2011 9:44:02 AM
3. [Claim Detail Export by Billing Provider Alt \(IS701\)](#) [Schedule] [History]
This provides the exportable (to excel) version of Claim Detail data by Billing provider, Service Date, and Su...
Last updated on 9/22/2008 11:12:23 AM
4. [Claim Detail Export by Pay To Provider \(IS802\)](#) [Schedule] [History]
This provides the exportable (to excel) version of Claim Detail data by Pay To Provider, Service Date, and Sub...
Last updated on 6/26/2009 9:26:28 AM
5. [FFS2 Claim Detail Export by Billing Provider \(IS707\)](#) [Schedule] [History]
This provides the exportable (to excel) version of FFS2 Claim Detail data By Billing Provider, Service Date an...
Last updated on 5/5/2008 3:17:55 PM

Page: 1

Data Current as of: Thu Oct 27 08:17:01 PDT 2011

powered by crystal

javascript:ShowReport("593024", "CrystalEnterprise.Report"); Internet 100% 8:22 AM

Click on the link to access the Report Parameter Form.

IS 707

The screenshot shows a web browser window titled "Report Parameters - Windows Internet Explorer". The address bar displays the URL "https://dmhisintra.co.la.us/Reports/setparams.csp?init=connect&id=593024". The browser is identified by VeriSign. The page content is titled "Report Parameter Form". It contains several input fields and checkboxes for configuring a report:

- BillingProviderID**: A dropdown menu with the selected value "0004 NAPA STATE HOSPITAL". Above it is the instruction "Please enter the id of the Billing Provider".
- ServiceDateRange**: Includes "Start of range:" and "End of range:" text boxes, each with a calendar icon. There are checkboxes for "Include Value" (checked) and "No Lower Bound" (unchecked) for the start, and "Include Value" (checked) and "No Upper Bound" (unchecked) for the end. Above these is the instruction "Please select the date range of the services".
- SubmitDateRange**: Similar to ServiceDateRange, with "Start of range:" and "End of range:" text boxes and calendar icons. Checkboxes for "Include Value" (checked) and "No Lower Bound" (unchecked) for the start, and "Include Value" (checked) and "No Upper Bound" (unchecked) for the end. Above these is the instruction "Please select date range of submit".
- FilterVoidClaims**: A dropdown menu with the selected value "True". Above it is the instruction "Filter out Claims that have been Voided?".
- FilterResubmittedClaims**: A dropdown menu with the selected value "True". Above it is the instruction "Filter out Claims that have been resubmitted?".
- ClaimStatus**: A dropdown menu with the selected value "APPROVED" and a "Select" button. Above it is the instruction "Please select a claim status".

The browser's status bar at the bottom shows "Done", "Internet", "100%", and the time "8:23 AM".

For this particular report, you will see the following information (only the following are required):

Billing Provider ID: Select the provider

ServiceDateRange: This is a span of time for which services were rendered. For example, you are researching claim status for dates of service between May and June 2011. Start of range will be May 1, 2011 and end of range will be June 30, 2011.

SubmitDateRange: This is a span of time for which claims were entered into the system. For example, you submitted claims in the month of March but do not remember the specific date. Start range will be March 1, 2011 and end of range March 31, 2011. If you have a specific date, for example, March 5, 2011, that date will go in both start and end of range fields.

ClaimStatus: Allows the system to search and provide information based on the statuses selected

Report Parameters - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Reports/setParams.csp County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Home https://dmhisintra.co.la.ca.u... Report Parameters x Page Tools

ServiceDateRange

End of range:

☒ Include Value ☐ No Upper Bound

Please select date range of submit

Start of range:

☒ Include Value ☐ No Lower Bound

SubmitDateRange

End of range:

☒ Include Value ☐ No Upper Bound

FilterVoidClaims

Filter out Claims that have been Voided?

FilterResubmittedClaims

Filter out Claims that have been resubmitted?

ClaimStatus

Please select a claim status

APPROVED

DENIED

FORWARDED

PENDING

SUBMITTED

VOID

IncludeMedical

Show Medi-Cal Claims

Done Internet 100% 9:22

This screenshot shows the different types of claim statuses available to select from.

To select claim statuses, use the pull down menu to select a status, then click Select so the status appears in the claim status box.

Approved – adjudicated by DMH and State for payment

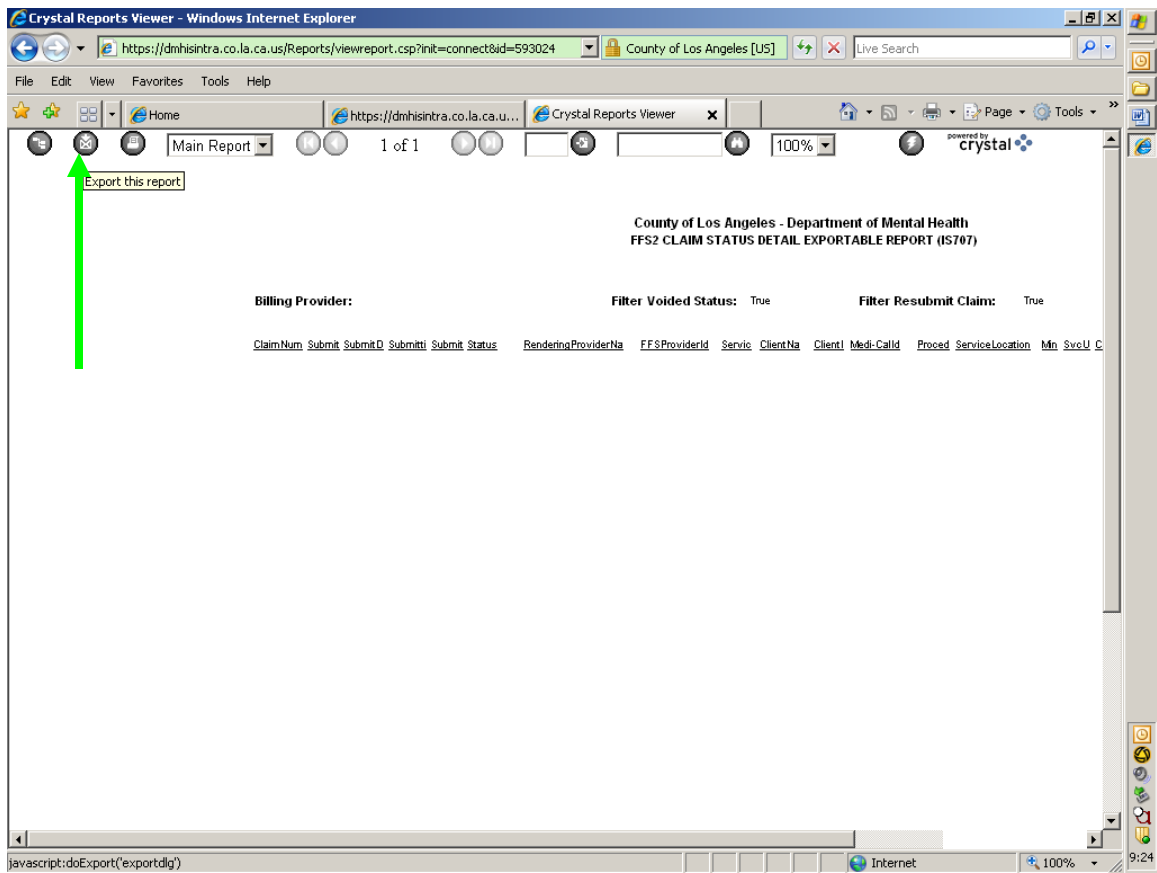
Denied – denied at the County level typically; STATE 125 denials are from the State; resubmission for County or State denials may be necessary

Forwarded – claims are at the State level awaiting adjudication for denial or payment

Pending – claims are adjudicated by DMH for denial or payment

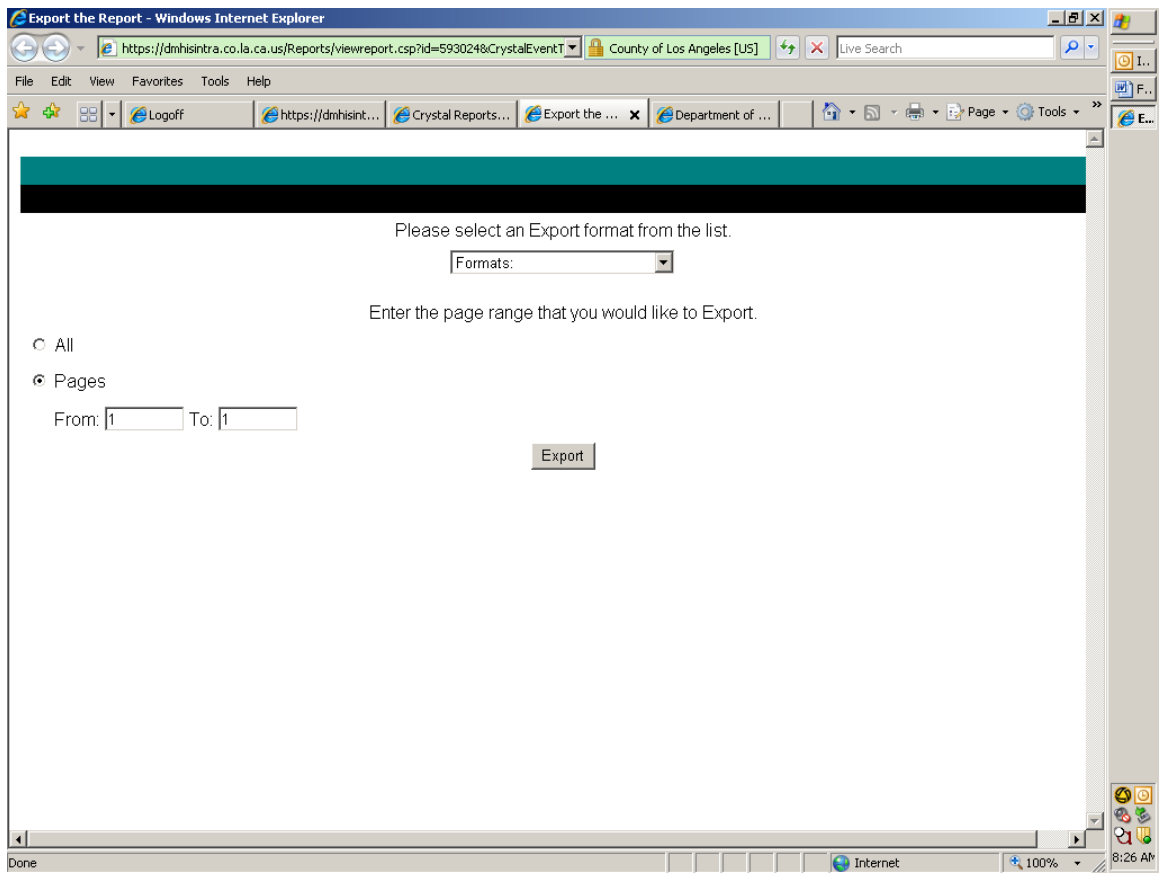
Submitted – claims entered into the system that may have not completed the process through the IS adjudication process

Void – not applicable

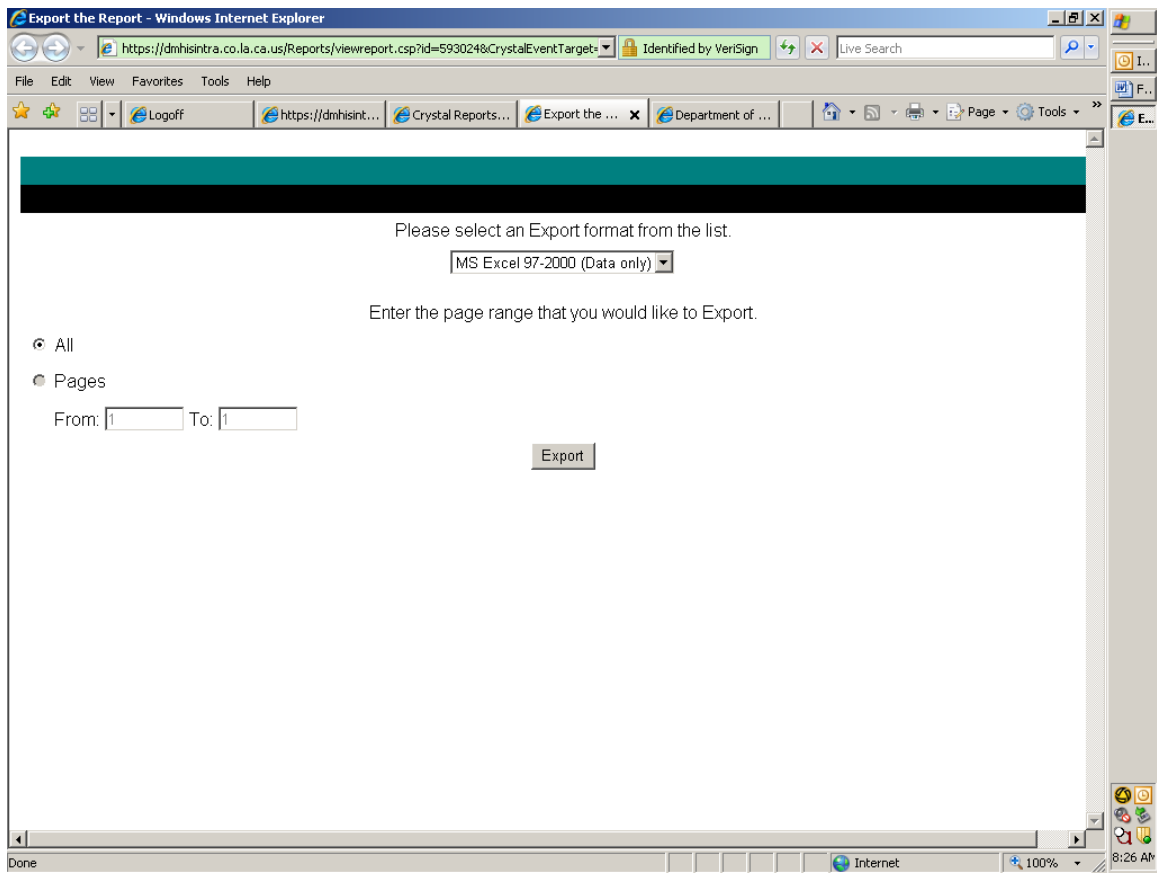


This is how the report initially displays.

To export the report into a Microsoft Excel spreadsheet, click the icon located by the green arrow. As you will notice, it says “Export this report.”

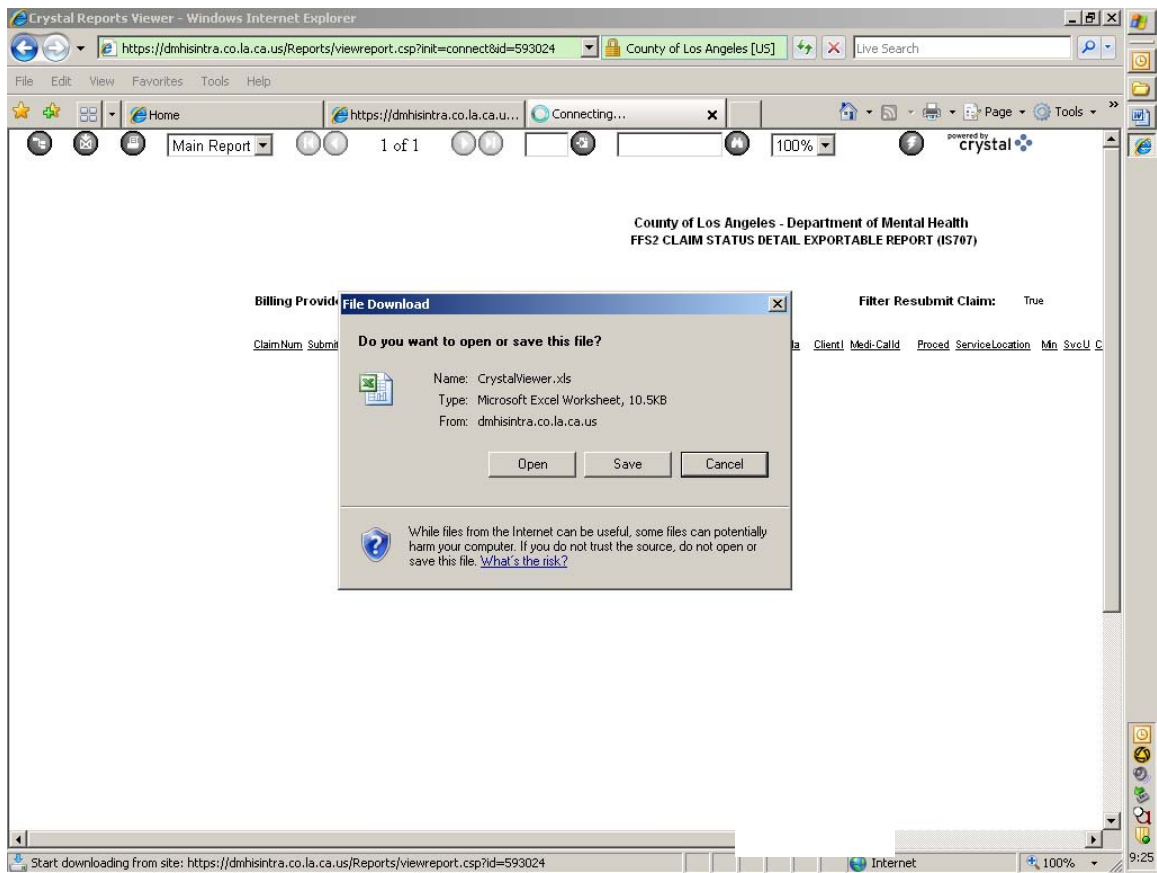


This is how the page is defaulted.



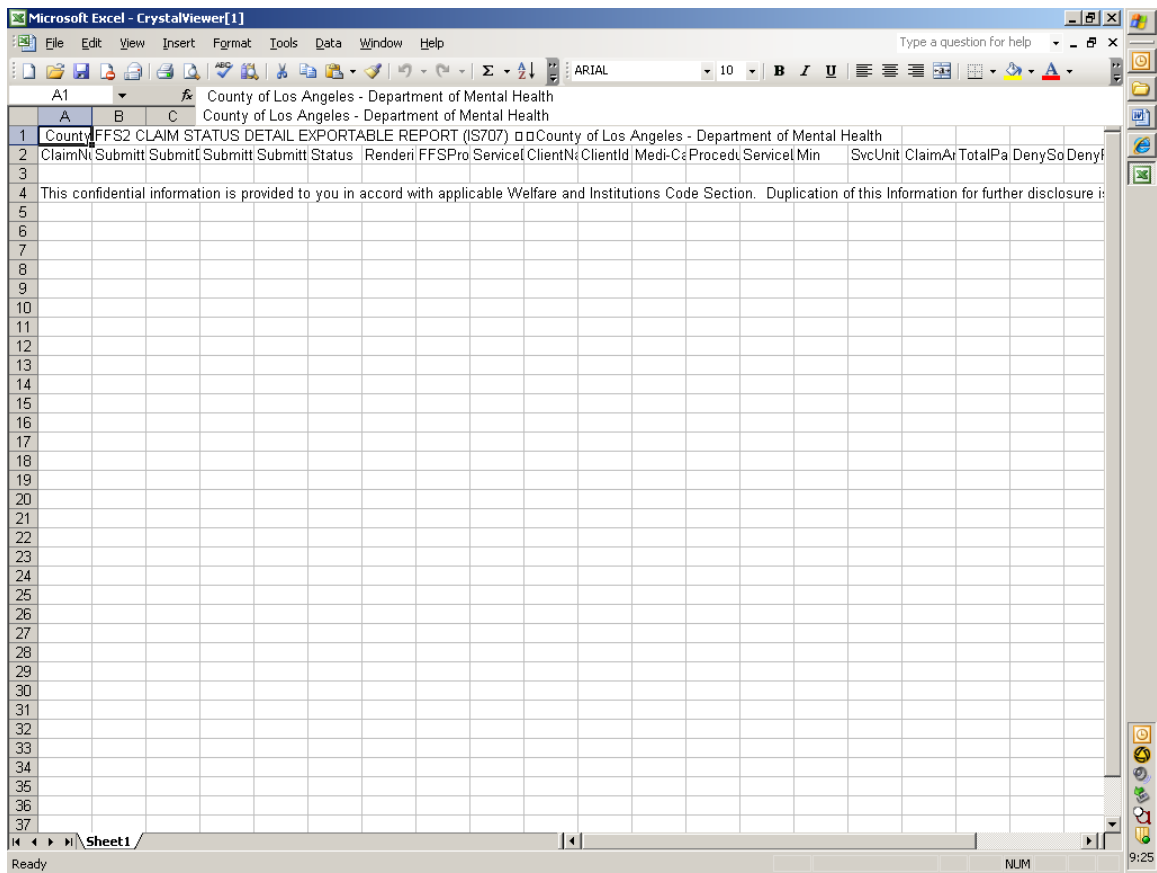
In the pull down menu under “Please select an Export format from the list,” select MS Excel 97-2000 (Data only).

Also select “All” then “Export.”



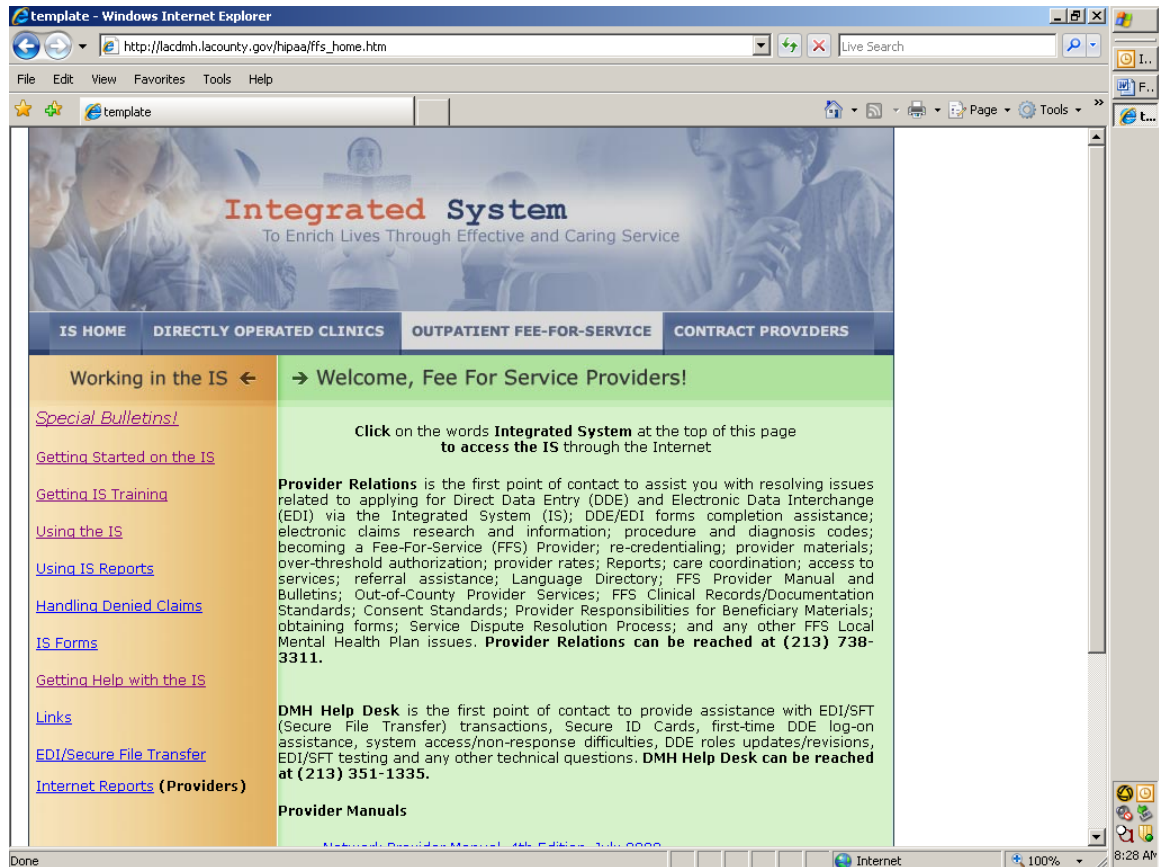
At this point, you have the option to open or save the file.

To view the file in spreadsheet format, click Open.



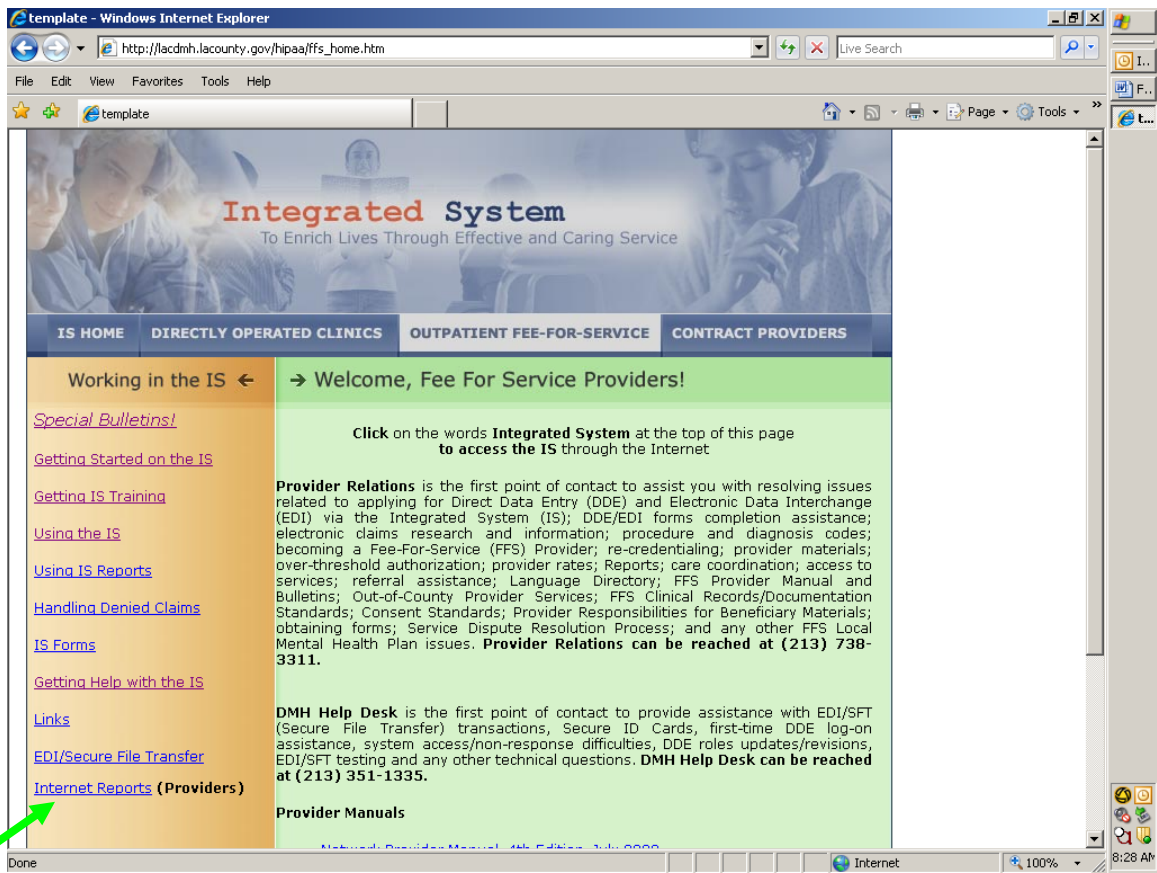
This is what the report looks like in Microsoft Excel. You can now manipulate the information to look however you choose.

Internet Reports

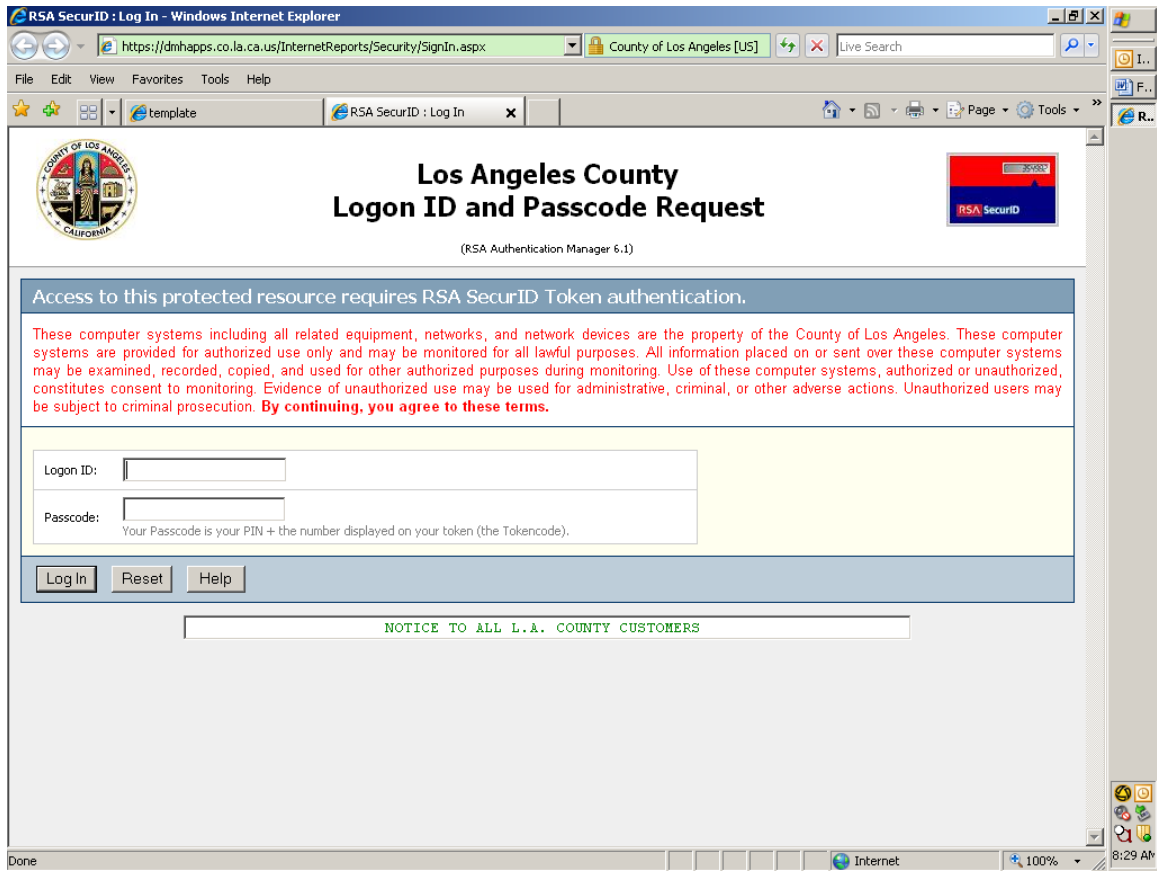


The last types of reports are the Internet Reports.

They are not located in the Integrated System (IS) but on the Outpatient FFS website. The page above is the Outpatient FFS website.



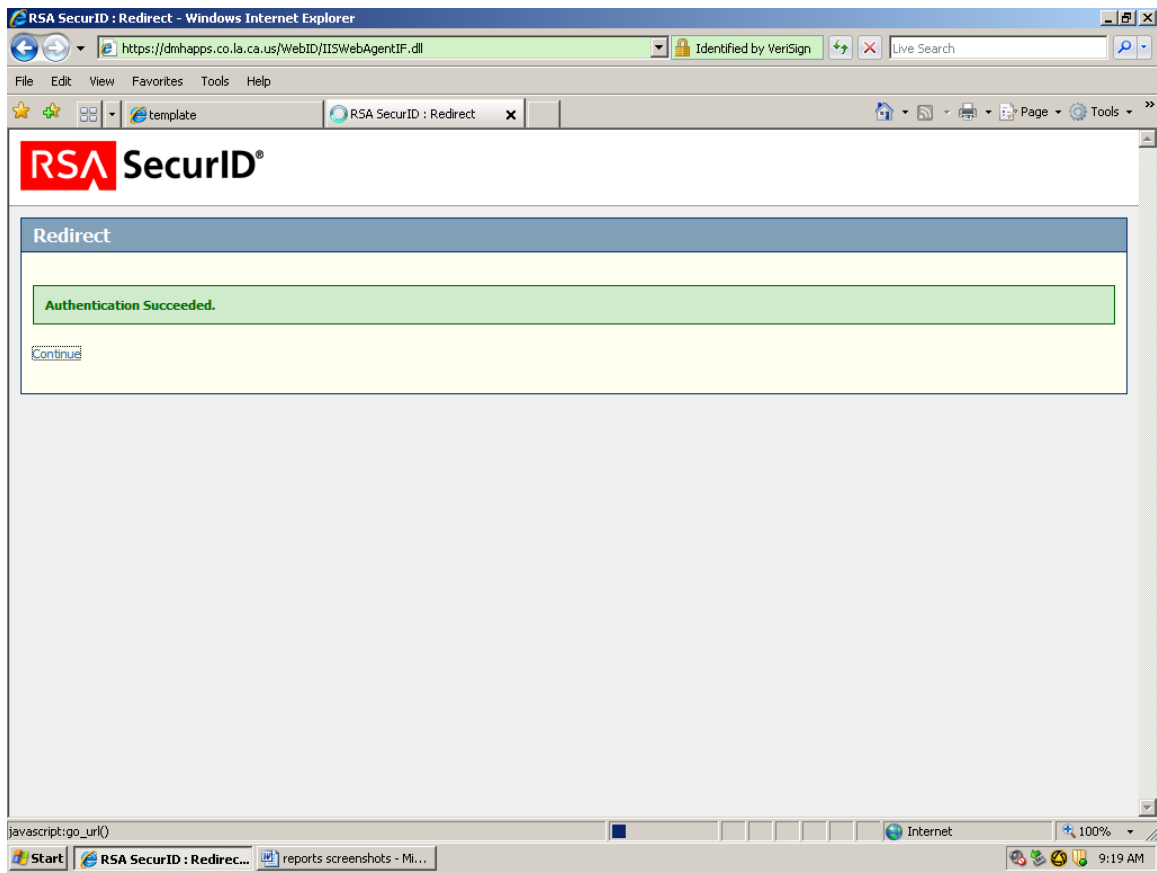
To access the Internet Reports, click on the Internet Reports link.



After you have click on the Internet Reports link, you will be sent to this page.

Here you will log in as if you were logging into the Integrated System (IS). However, there will be another log on. You will need to contact the HelpDesk at (213) 351-1335 for the log on information.

Once you have correctly entered the information on this page, the following screen will appear.



Click on “Continue” to get to the next log-in screen.



This is where you will enter the second set of log-in information you received from the HelpDesk.

After you have logged in, this page will display the two Internet Reports that are available: 705A and 706A



On this page you will be able to select which report you want to run.

The 705A (Processed Claims Summary Report) is a list of the checks the provider has received. The checks are listed by date processed and sequence number. Without a sequence number, you cannot run a 706A report

The 706A (Claims Reconciliation Report) is detailed claim line data. This report details all claims paid and claims denied by the State per sequence number. More information on the State denied claims can be found on the IS702 report.

705A – Processed Claims Summary Report

The screenshot shows a web browser window titled "Report Parameters - Windows Internet Explorer". The address bar displays "https://dmhapps.co.la.ca.us/InternetReports/NetReports/ReportParameters.aspx?reporth". The page header includes the "Los Angeles County Department of Mental Health Internet Reports Application" logo and a "Sign Out" button. Below the header, there are tabs for "OMA REPORTS", "DMH CONTRACT PROVIDERS", "FFS REPORTS", and "SIGN OUT". The main content area is titled "PROCESSED CLAIMS SUMMARY REPORT (CIOB - 705A) > PARAMETERS". It contains a form with the following fields: "Billing Provider" (a dropdown menu), "Processed Date Range" with "From" and "To" date pickers (both set to 4/4/2012), and "Report Output Type" (a dropdown menu set to PDF). At the bottom of the form are "SHOW REPORT" and "CANCEL" buttons. The footer of the page states "Internet Reports Version 1.4.0 Copyright © 2009 Department of Mental Health. All rights reserved." The browser's taskbar at the bottom shows the Start button, open windows for "Report Parameters - ..." and "reports screenshots - Mi...", and the system clock showing 9:22 AM.

This is the report parameter page for the 705A report.

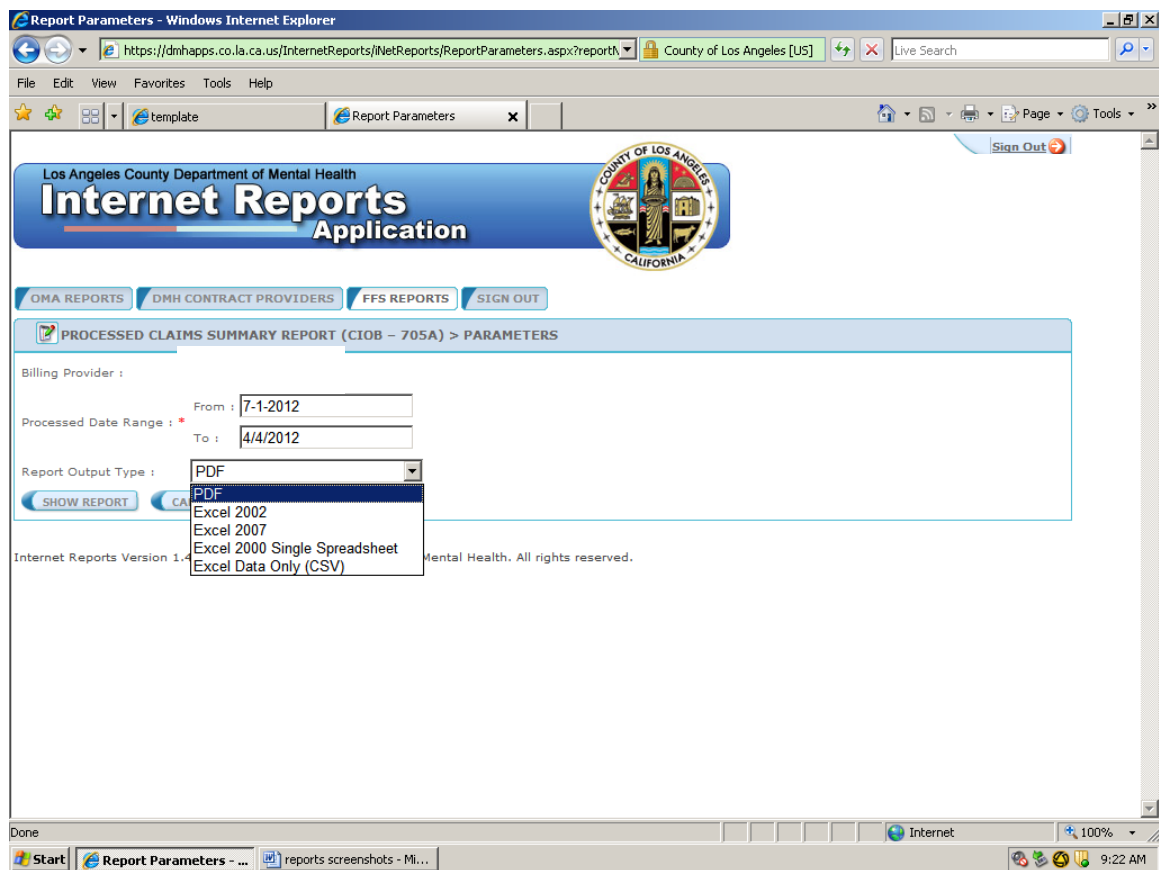
Select the billing provider.

Select the time span for the checks/sequence numbers you are looking for.

Process Data Range acts like a service or submit date range. From is the starting date and To is the ending date.

For example, you are looking for checks received between March and June 2011. From is March 1, 2011 and To is June 30, 2011.

You can select which format you choose to view the report in, but the most common way to view reports is via PDF.



This is what the report looks like in PDF format.

Los Angeles County Department of Mental Health
Internet Reports Application

OMA REPORTS DMH CO

PROCESSED CLAIMS SUMMARY REPORT (CIOB - 705A)

County of Los Angeles - Department of Mental Health
FES2 PROCESSED CLAIMS SUMMARY REPORT (CIOB705A)

Billing Provider Nam _____ Print Date: 04/04/2012
 Process Date: Between 7/3/2011 and 4/4/2012

Service Location Pps ID	Process Date	Warrant Number	Sequence Number	Contract Amount	Offset Amount	Offset Code	Desired Claim	Ptu_Amt	Net Amount
	10/08/2011	1		\$40.00	\$0.00		\$0.00		\$40.00
	11/08/2011	1		\$360.00	\$0.00		\$0.00		\$360.00
	03/07/2012			\$0.00	\$0.00		(\$200.00)		
	03/21/2012			\$0.00	\$0.00		(\$200.00)		\$0.00
Warrant Total:									\$400.00

Here is the list of checks that have been received by the provider during the time span of January 2011 through October 27, 2011.

County of Los Angeles - Department of Mental Health
FFS2 PROCESSED CLAIMS SUMMARY REPORT (CIOB705A)

Billing Provider Name: 1
Process Date: Between Jan 1, 2011 and Oct 27, 2011
Print Date: 10/27/2011

Process Date	Warrant Number	Sequence Number	Contract Amount	Offset Amount	Offset Code	Denied Claims	Pru_Amt	Net Amount
01/07/2011		10,00000000	43754.00	43754.00		43754.00	43754.00	43754.00
02/09/2011								
03/10/2011								
04/07/2011								
05/10/2011								
06/09/2011								
07/08/2011								
08/08/2011								
09/08/2011								
10/13/2011								

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Oct 27, 2011 1 8:31:15 AM

Service Location: The provider

Process Date: The date the check was sent out to providers

Warrant Number: The identification number on the check

Sequence Number: Identifying number used to run the 706A report

Contract Amount: The total amount based on appropriate claim submission

Offset Amount – the amount based on the codes and descriptions on the bottom of the report

Offset Code – codes are listed at the bottom of the report

Denied Claims: amount for claims denied by the State

Pru_Amt: An amount deducted from the check based on State denials and

Net Amount: The total amount paid on the check

Processed Claims Summary Report (CIOB - 705A) - Cognos Viewer - Windows Internet Explorer

http://dmhhqbi2/cognos8/cgi-bin/cognos.cgi?b_action=cognosViewer&ui.action=run&ui.object=%2fcontent%2ffold

File Edit View Favorites Tools Help

template Processed Claims Summa... x

Cognos Viewer - Processed Claims Summary Report (CIOB - 705A)

Log Off About

Keep this version Add this report

4 / 4 57% Find

Los Angeles County Department of Mental Health
FFS Payment Detail Report

Billing Provider Name: 1
Process Date: Between Jan 1, 2011 and Oct 27, 2011
Print Date: 10/27/2011

Billing Provider Total:

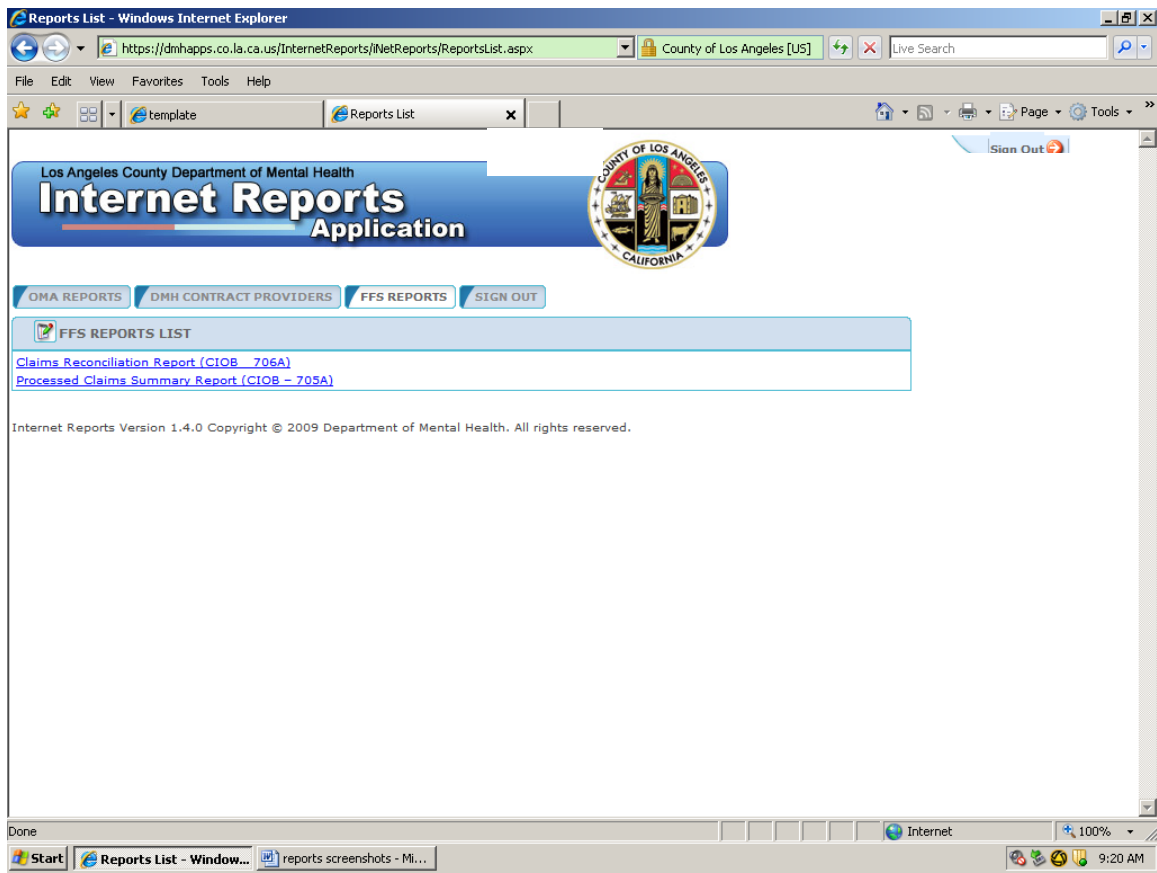
Process Date	Service Location	Warrant #	Net Amount
09/08/2011			
10/13/2011			
Total:			

Code Description
1 FY 05/06 Denial of Services
2 FY 06/07 Denial of Services
3 FY 07/08 Denial of Services
4 DMH Compliance Audit Report Findings

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Oct 27, 2011 4 8:31:15 AM

Done Local intranet 100% 8:33 AM



706A – Claims Reconciliation Report

The screenshot shows a web browser window titled "Report Parameters - Windows Internet Explorer". The address bar displays the URL: <https://dmhapps.co.la.ca.us/InternetReports/NetReports/ReportParameters.aspx?reporth>. The page header includes the "Los Angeles County Department of Mental Health Internet Reports Application" logo and a "Sign Out" button. Below the header, there are tabs for "OMA REPORTS", "DMH CONTRACT PROVIDERS", "FFS REPORTS", and "SIGN OUT". The main content area is titled "CLAIMS RECONCILIATION REPORT (CJOB_706A) > PARAMETERS". It contains the following fields:

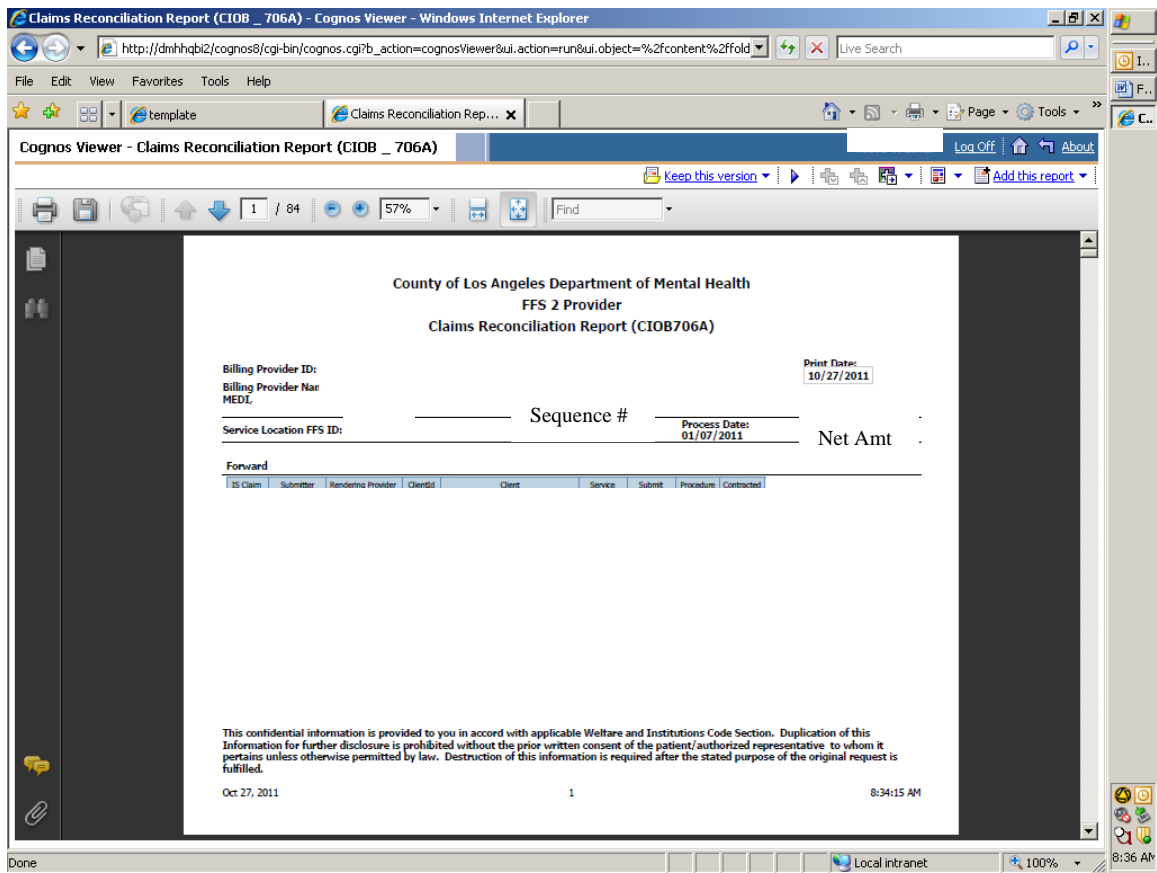
- Billing Provider :
- Sequence Number :
- Report Output Type : (dropdown menu open showing options: PDF, Excel 2002, Excel 2007, Excel 2000 Single Spreadsheet, Excel Data Only (CSV))

A "SHOW REPORT" button is located below the Report Output Type field. The footer of the page states "Internet Reports Version 1.0.0.0" and "Copyright © 2007 Los Angeles County Department of Mental Health. All rights reserved."

On this page, select the provider whose information you are researching and enter the sequence number gathered from the 705A report.

You can also choose what format to view the report in. For this manual, PDF format will be used.

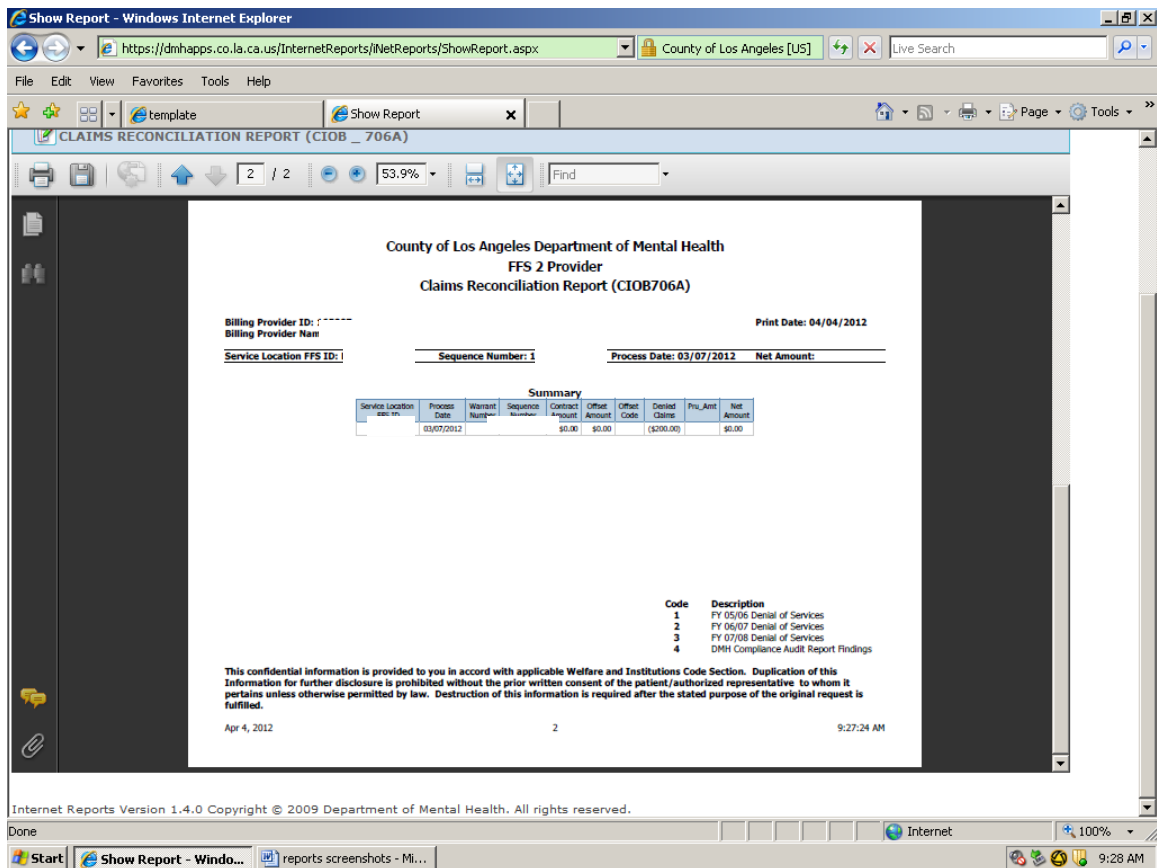
This report will provide the claim line detail for the claims that were either paid or denied by the State by the sequence number entered. State denials are denoted as “MC Denied” and can be found on the IS702 report.



This is a listing of the claims that were paid on this particular sequence number.
67

MC Denied is the area that will denote which claims have been denied by the State.

You will then go to the IS702 report to determine why these claims were denied.



This page is a summary of the claims that were denied and paid on this sequence number.

Offset Amount – the amount based on the codes and descriptions on the bottom of the report

Offset Code – codes are listed at the bottom of the report

Denied Claims – amount for claims that were denied by the State

Pru_Amt – amounts that are denied for some other reason than County or State denials; providers usually receive a letter denoting such

Net Amount – total amount paid on the sequence number